(later Mun B.)

REPORTS

OF THE

Medical Officer of Health

AND

School Medical Officer

TO THE

Barry Urban, Port Sanitary & Education Authorities

FOR

THE YEAR 1925.

REPORTS

OF THE

Medical Officer of Health

AND

School Medical Officer

TO THE

Barry Urban, Port Sanitary & Education Authorities

FOR

THE YEAR 1925.

Barry Urban District Council.

CHAIRMAN:
MR. T. EVANS, J.P.

VICE-CHAIRMAN:
Mr. W. BECK.

MEMBERS:

MRS. B. A. LEWIS.
MR. D. J. BOON.
MR. B. CARPENTER.
MR. F. CHAPPELL, J.P.
MR. W. GAMESON.
MR. C. B. GRIFFITHS, O.B.E.
MR. A. J. HOPKIN.
MR. D. T. HOWE.
MR. E. T. LAWRENCE.
MR. H. WILLIAMS.
MR. J. T. MASLIN.
MR. R. LEWIS.
DR. P. J. O'DONNELL, J.P.
DR. E. E. OWENS, M.C.
MR. A. OWEN.
MR. H. RENDELL.
MR. H. H. ROSSER.
MR. E. WALTON.
MR. E. E. J. WILLIAMS.

CLERK TO THE COUNCIL:
MR. T. B. TORDOFF.

Committees:

Health Committee:

DR. P. J. O'DONNELL, J.P. (Chairman).
MRS. B. LEWIS.
MR. B. CARPENTER.
MR. T. EVANS, J.P.
MR. D. T. HOWE.
MR. A. J. HOPKIN.
MR. E. T. LAWRENCE
DR. E. E. OWENS, M.C.
MR. A. OWEN.
MR. E. E. J. WILLIAMS.

Maternity and Child Welfare Committee:

MRS. B. A. LEWIS.
MR. B. CARPENTER.
MR. T. EVANS, J.P.
MR. W. GAMESON.
MR. C. B. GRIFFITHS, O.B.E.
MR. A. J. HOPKIN.
MR. R. LEWIS.
DR. P. J. O'DONNELL, J.P.
DR. E. E. OWENS, M.C.
MR. H. H. ROSSER.

CO-OPTED MEMBERS:

MRS. J. R. LLEWELLYN.
MRS. A. M. JONES.
NURSE MORGAN (Chairman).
MRS. C. TODD.
MR. W. J. ALLEN.

Hospitals' Committee:

MR. B. CARPENTER (Chairman).
MRS. B. A. LEWIS.
MR. W. BECK
Mr. D. J. BOON.
MR. T. EVANS, J.P.
MR. R. LEWIS.
MR. J. T. MASLIN.
DR. P. J. O'DONNELL, J.P.
DR. E. E. OWENS, M.C.
MR. H. RENDELL.

Medical Officer of Health's Department.

MEDICAL OFFICER OF HEALTH:
PERCY W. KENT, M.R.C.S., L.R.C.P., D.P.H. (Camb.)
DEPUTY MEDICAL OFFICER OF HEALTH:
ERNEST I. DAVIES, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H. (Wales).
DENTAL SURGEON:
D. COWIN, M.B., CH.B., L.D.S., R.C.S.
CHIEF SANITARY INSPECTOR:
D*X T. L. SPICKETT, M.R.San.I. (Exam.).
ASSISTANT SANITARY INSPECTORS:
*X F. T. HALLIDAY. H*XD D. M. EVANS, M.R.San.I., M.I.H.
MEAT INSPECTOR:
REG. WM. HALL, M.R.C.V.S.
HEALTH VISITORS:
MN MRS. F. REED. †M MRS. E. K. ATKINSON.
*MN MISS A. E. THOMAS. MN MISS N. WINDSOR.
MN MISS S. E. GREENE. MN MISS A. E. REID (Temporary).
CHIEF CLERK:
‡SX J. HAYDN EVANS, M.R.San.I. (Exam.).
CLERKS:
E. EDWARDS. XG. E. CURTIS, A.R.S.I. T. JORDAN.
RAT CATCHER:
J. DAVIES.

Accident and Surgical Hospital:

MEDICAL SUPERINTENDENT:
PERCY W. KENT, M.R.C.S., L.R.C.P., D.P.H.
SURGEON:
W. EVERETT, M.B., Ch.B., F.R.C.S.E.
HOUSE SURGEON:
T. W. STEPHENS, B.A., M.R.C.S., L.R.C.P.
RADIOGRAPHER:
J. C. KING, M.R.C.S., L.R.C.P.
HONORARY STAFF:
A. NEILSON, M.C., M.B., Ch.B.
J. L. O'FLYN, M.R.C.S., L.R.C.P.
MATRON: MISS A. M. OWEN.

Infectious Diseases and Small Pox Hospitals:

MEDICAL SUPERINTENDENT:
PERCY W. KENT, M.R.C.S., L.R.C.P., D.P.H.
MATRON: MISS E. A. MEREDITH.

X Holds the Sanitary Inspector's Certificate granted by the Royal Sanitary Institute.
*Holds the Meat Inspector's Certificate granted by the Royal Sanitary Institute.
D Holds Diploma of the Sanitary Inspectors' Association.
C Holds the Sanitary Inspector's Certificate granted by the Sanitary Inspectors' Association Examination Board.
S Holds the Sanitary Science Certificate for Plumbers and Builders granted by the Royal Sanitary Institute.
† Holds the Health Visitor's Certificate granted by the Royal Sanitary Institute.
M Holds Midwives' Certificate granted by the Central Midwives' Board.
N Three Years' Hospital Training.
‡Holds the Sanitary Inspector's Certificate granted by the Sanitary Inspectors' Examination Board, London.
H Holds the Diploma of Hygiene granted by the Institute of Hygiene.

BARRY URBAN DISTRICT COUNCIL.

(PUBLIC HEALTH SERVICE).

THIRTY-SEVENTH ANNUAL REPORT

OF

The Medical Officer of Health

For 1925.

To the Chairman and Members of the Barry Urban District Council.

Mrs. Lewis and Gentlemen,

Herewith I beg to submit for your consideration my Annual Report in connection with the Public Health Service for the year 1925. This Report is the thirty-seventh of its series.

In accordance with circular 648 (Wales) of the Ministry of Health, dated December 31st, 1925, the report follows the suggestions contained therein.

The memorandum states that the Annual Report for 1925 is to be a Survey Report and that in this Report the Medical Officer of Health should be prepared to deal comprehensively with:—

"(*a*) The measure of progress made in the area during the preceding five years in the improvement of the public health;

(*b*) The extent and character of the changes during that period in the public health services of the area (e.g. housing, water supply, sewerage, scavenging or refuse disposal, food inspection, or other services affecting the environment of the inhabitants; and maternity and child welfare schemes, schemes for the treatment of tuberculosis and venereal diseases, provision of isolation hospitals, or other services directed to the prevention or cure of disease in individuals);

(*c*) Any further information of importance in the organisation or development of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health."

It will be seen that this year's report is a detailed and up-to-date account of the public health services of Barry.

The review of the work of the Public Health Service during the last five years at once shows the broad field which is covered by the subject of Preventive Medicine. To-day public health not only deals with the environment, viz.:—Sanitation, but also the person, viz.:—Hygiene. Sanitation deals with environment in its relation to health and disease and includes a knowledge of food, water, air, soil, disposal of wastes, vital statistics, diseases of occupation, industrial hygiene, school hygiene, disinfection, quarantine and isolation. Hygiene includes the prevention of communicable diseases, venereal prophylaxis, heredity, immunity, eugenics and similar subjects.

The birth-rate was 21.07 for the year as against 21.74 for 1924. The annual average for the last five years was 22.86 per 1,000 population.

The death-rate of 10.66 per 1,000 population for 1924 was lower than the death rates for the previous three years, and compared with 9.42 for the year 1921. The average death-rate for the five years under consideration was 10.83 per 1,000 population.

The infantile-mortality-rate has been estimated at 80.98 per 1,000 births registered as compared with 66.58 of last year. The annual average for the period under survey was 77.6 per 1,000 births registered. So far as statistics are concerned, those relating to Barry compare very favourably with other areas.

A closer survey of the text of this report will indicate lines along which the Local Authority have developed the health services. The Council have been progressive at all times, and the expenditure in health administration has naturally increased, but there is no evidence to show that this policy of progress is extravagant and has not been a good investment.

The most pleasing feature was the transference of the Health Service to the Woodland Buildings, which took place in November, 1921. To-day, it may be considered a complete Health Centre.

Some noteworthy features of this report are the figures relating to Maternity and Child Welfare, Venereal Diseases Clinic, and the Housing Problem.

The marked decline of Infantile Mortality is of recent origin. Statistical studies show how colossal has been the slaughter of the "innocents" in the earlier days. The reasons for regarding infant mortality as a major public health problem are humanitarian, social and economic. With regard to the popularity of the Maternity and Child Welfare Clinics, it is beyond dispute that the cause of this is that mothers feel that this service is helpful and meets a distinct want. The fact that mothers who have brought their babies come again with subsequent ones is indisputable evidence—if such were needed—that they found it an advantage to have continuous medical supervision for their babies. In fact, the attendances have increased to such an extent that the administration is presented with the problem of how to deal with the numbers, which have reached the point at which a decline of efficiency is to be feared.

Considerable progress has been made in Barry in the campaign against venereal diseases. This can be attributed to both propaganda and ceaseless work by the Medical Officer at the clinic. The fight against venereal diseases however, is especially complicated and difficult because of the close association with prostitution, the problems of sex, morality and alcoholism.

The figures relating to Housing in Barry are very gratifying. However, much remains with regard to repairs of working class houses. This can be done by the various alternative powers under existing Housing Acts for dealing with poor or recalcitrant owners, and also by strengthening the hands of the local public health officials, who very often have a most difficult and thankless task to perform.

The year 1925 has been most prominent in the issue of a mass of new legislation. The most important of the pile is no doubt the new Public Health Act which marks the first step towards consolidation of the Public Health Acts. The numerous orders and regulation dealing with small-pox, tuberculosis, milk, foodstuffs, food poisoning and imported foods issued by the Ministry of Health within the past five years have taxed heavily both the brains and time of the public health officers. Still one must wait and see how this new legislation will work now that it is in force. The provisional proposals of the Minister of Health for the reform of local health administration have been received unfavourably by the more progressive urban authorities, including Barry. The proposals take the county as the administrative unit, and the position as regards such a progressive authority as Barry calls for special consideration.

It is proposed in future to make a similar review of the sanitary progress of Barry at intervals of five years, and in the intervening years the annual reports will conform with the minimum requirements of the Ministry of Health.

I again desire to record my best thanks to the members of my staff for their co-operation in the work of the department.

I have the honour to be,

Your obedient Servant,

PERCY W. KENT,
Medical Officer of Health.

Health Centre,
BARRY,
May, 1926.

Natural and Social Conditions.

AREA. (In acres)—4,104.

The Barry Council have had in contemplation for some years past the making of an application to the Glamorgan County Council for the extension of their District, so as to include the Parishes of Sully and St. Andrew's Major. It has been submitted that having regard to their proximity and existing relation in the matters of gas supply, water supply, drainage, and Port Sanitary Administration, and in view of the expected expansion of the trade and population of Barry in an easterly direction, these Parishes ought to be eventually added to the Barry Urban District. Steps are being taken with a view to the presentation of a Petition for a Charter of Incorporation creating the Barry Urban District Council a Municipal Borough.

POPULATION.—The Census population of 1921 was 38,945.

The population at the middle of 1925 has been estimated by the Registrar-General at 40,430.

Table I. shows the population as given in the Report for Glamorgan by the Registrar-General on the Census for 1921.

TABLE I.

	Total Population.			
	1911	1921		
	Persons.	Persons.	Males.	Females.
BARRY	33,763	38,945	19,613	19,332
Wards.				
Cadoxton	5,844	7,065	3,582	3,483
Castleland	4,962	5,425	2,805	2,620
Court	4,644	5,602	2,774	2,828
Dock	5,245	5,634	3,040	2,594
High Street	3,631	4,139	1,967	2,172
Holton...	4,870	5,634	2,890	2,744
Park	4,567	5,446	2,555	2,891

PHYSICAL FEATURES AND CHARACTER OF THE AREA.—The town is situated on the northern shores of the Bristol Channel. It is surrounded by hills of an altitude of 300 feet on the north and north-west and the land sloping gradually to the south, its site is an ideal one. It commands an extensive view of the Channel.

The climate is equable as the town is on the sea-board, and situated in the Vale of Glamorgan, one of the most fertile parts of South Wales.

The nature of the soil—except in the eastern portion of the district and Barry Island, where marl and limestone are found—consists entirely of lias limestone with a thin layer of clay.

NUMBER OF INHABITED HOUSES (1921)—6,677.

NUMBER OF FAMILIES OR SEPARATE OCCUPIERS (1921).—7,945.

Table II. shows the private families and dwellings as given in the Report for Glamorgan by the Registrar-General on the Census for 1921.

TABLE II.

	Private Families and Dwellings.				
	Private Families.	Population in Private Families.	Structurally separate dwellings occupied.	Rooms Occupied	Rooms per Person.
BARRY	7,945	37,189	6,677	39,425	1.06
Wards.					
Cadoxton	1,337	6,890	1,202	6,831	0.99
Castleland	1,042	5,119	876	5,188	1.01
Court	1,183	5,602	950	5,365	0.96
Dock	981	4,961	804	4,933	0.99
High Street	914	3,961	737	4,354	1.10
Holton	1,238	5,303	1,012	6,026	1.14
Park	1,250	5,353	1,096	6,728	1.26

RATEABLE VALUE.—£315,000.

SUM REPRESENTED BY A PENNY RATE.—£1,250.

CHIEF OCCUPATIONS OF THE INHABITANTS.—The inhabitants are largely employed at the Docks, which are mainly used for the export of coal. The occupations are chiefly ship-repairers, boilermakers, fitters, coal-trimmers, coal-tippers, railway workers, millers, moulders and seamen.

These trades are susceptible to changes and in many instances employment has become casual. The continued slump in trade has led to prolonged unemployment, but so far the health of the community has not been affected.

Table III. shows the occupation of males as given by the Registrar-General in the Report for Glamorgan Census 1921.

TABLE III.

OCCUPATION OF MALES.

Proportion per 1,000 aged 12 years and over.

Occupation.	Glamorgan.	Barry.
Boilermakers and their Labourers ...	4	25
Clerks	27	34
Dock Labourers	14	94
Fitters and Millwrights	21	35
General and undefined Labourers ...	38	51
Other Workers in Transport and Communication	7	13
Persons engaged in Personal Service ...	13	22
Railway Workers	38	69
Road Transport Workers	14	20
Smiths and Skilled Forge Workers ...	11	14
Stationary Engine Drivers	25	16
Water Transport Works	22	102
Workers in Wood and Furniture ...	19	21

VITAL STATISTICS.—Table IV. shows the vital statistics of the district during the years 1921 to 1925.

TABLE IV.

Year	Population estimated to Middle of each Year.	Births. Nett. No.	Births. Nett. Rate.	Total Deaths Registered in the District. No.	Total Deaths Registered in the District. Rate.	Transferable Deaths Non-residents registered in the District.	Transferable Deaths of Residents not registered in the District.	Nett Deaths belonging to the District. Under 1 Year. No.	Under 1 Year. Rate per 1,000 nett Births.	At all ages. No.	At all ages. Rate
1925	40,430	852	21.07	444	10.97	13	59	69	80.98	431	10.66
1924	40,020	871	21.76	403	10.06	4	72	58	66.58	470	11.74
1923	39,710	872	22.93	393	9.89	12	44	68	77.98	425	10.73
1922	39,310	927	23.58	409	10.4	8	57	78	84.14	458	11.6
1921	38,930	971	24.94	344	8.33	14	37	76	78.27	367	9.42

BIRTHS.—According to the Registrar General the births in Barry during 1925 numbered 852 (420 males and 432 females) this being 19 less than last year. The birth-rate was 21.07 as compared with 21.76 in 1924.

The illegitimate births registered during 1925 numbered 38 (21 males and 17 females).

From the weekly returns of the Local Registrar the total number of births amounted to 844 (412 males and 432 females).

In the following table the figures for Barry are given for the past five years, and the rates compared with England and Wales. During this period the number of births for Barry has declined on an average of about 25 yearly.

SURVEY OF BIRTHS.

TABLE V.

Year.	Total Births Registered. Males.	Females.	Total.	Rate for Barry.	Rate for England & Wales	Illegitimate Births. Number.	% of Total Births.
1925 ...	420	432	852	21.07	18.3	38	4.5
1924 ...	420	451	871	21.76	18.8	33	3.8
1923 ...	461	411	872	22.93	19.7	38	4.4
1922 ...	479	448	927	23.58	20.6	28	3.0
1921 ...	488	483	971	24.94	22.4	40	4.1

DEATHS.—The deaths in Barry during 1925 numbered 431, of this total 250 were males and 181 were females. The death-rate from all causes was 10.66 per 1,000 population, being lower than the death rate of 11.74 for 1924.

The variation in the mortality from selected causes at all ages since the year 1921 can be conveniently followed in Table VI.

SURVEY OF CAUSES OF DEATH, 1921 TO 1925. TABLE VI.

CAUSES OF DEATH.	1925			1924			1923			1922			1921		
	M	F	Rate per 1000 pop.	M	F	Rate per 1000 pop.	M	F	Rate per 1000 pop.	M.	F.	Rate per 1000 pop.	M.	F.	Rate per 1000 pop.
All Causes.	250	181	10.66	255	215	11.74	237	188	10.73	260	198	11.6	214	153	9.42
1 Enteric Fever	—	—	—	—	1	0.024	3	1	0.10	—	—	—	—	1	0.025
2 Small Pox	—	—	—	—	—	—	—	—	—	1	—	0.025	—	—	—
3 Measles	7	7	0.346	—	—	—	2	3	0.12	—	—	—	—	—	—
4 Scarlet Fever	2	—	0.049	—	—	—	—	—	—	—	—	—	1	—	0.025
5 Whooping Cough	2	3	0.123	1	—	0.024	—	1	0.025	5	4	0.22	—	2	0 051
6 Diphtheria	2	3	0.123	4	6	0.249	3	9	0.30	3	2	0.12	2	—	0.051
7 Influenza	3	6	0.222	16	7	0.574	3	3	0.15	12	11	0.58	3	3	0.15
8 Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Meningococcal Meaingitis ...	—	1	0.024	—	—	—	—	—	—	—	—	—	—	—	—
10 Tuberculosis of respiratory system...	23	17	0.989	18	20	0.949	17	19	0.90	17	17	0.86	19	9	0.72
11 Other Tuberculous Diseases ...	4	3	0.173	7	7	0.349	4	4	0.20	5	5	0.25	3	1	0.10
12 Cancer, Malignant Disease ...	13	20	0.816	16	31	1.174	22	20	1.05	19	16	0.89	18	16	0.87
13 Rheumatic Fever	1	1	0.049	2	1	0.074	3	2	0.12	—	1	0.025	2	—	0.051
14 Diabetes	—	1	0.024	4	2	0.149	3	1	0.10	2	4	0.15	4	4	0.20
15 Cerebral Haemorrhage, etc. ...	6	2	0.197	13	20	0.824	14	11	0.62	14	9	0.58	4	10	0.35
16 Heart Disease	34	25	1.459	24	12	0.899	23	21	1.10	27	20	1.2	21	18	1.00
17 Arterio-sclerosis	8	9	0.420	12	6	0.449	5	4	0.22	11	1	0.3	5	2	0.17
18 Bronchitis	14	8	0.544	15	9	0.599	14	10	0.60	13	13	0.66	12	10	0.56
19 Pneumonia (all forms) ...	26	18	1.088	23	20	1.074	23	22	1.13	24	25	1.24	10	14	0.61
20 Other Respiratory Diseases ...	3	—	0.074	7	1	0.199	1	2	0.07	2	1	0.07	3	1	0.10
21 Ulcer of Stomach or duodenum	2	—	0.049	2	3	0.124	1	—	0.025	2	—	0.05	—	1	0.025
22 Diarrhoea, etc (under 2 yrs)	7	2	0.222	5	2	0.174	4	1	0.12	7	3	0.25	19	13	0.82
23 Appendicitis and Typhlitis ...	3	—	0.074	2	1	0.074	1	—	0.025	—	1	0.025	2	2	0.10
24 Cirrhosis of Liver	2	1	0.074	1	—	0.024	2	—	0.05	—	—	—	2	1	0.07
25 Acute & Chronic Nephritis ...	6	4	0.247	9	9	0.449	12	3	0.37	7	12	0.48	5	2	0.17
26 Puerperal Sepsis	—	2	0.049	—	—	—	—	1	0.025	—	1	0.025	—	1	0.025
27 Other Accidents and Diseases of Pregancy & Parturition ...	—	3	0.074	—	1	0.024	—	3	0.07	—	2	0.05	—	1	0.025
28 Congenital Debility and Malformation, premature birth	12	16	0.692	12	12	0.599	21	12	0.83	19	13	0.81	19	7	0.92
29 Suicide	5	1	0.148	1	3	0.099	—	1	0.025	1	2	0.07	1	1	0.051
30 Other deaths from violence ...	19	2	0.519	8	4	0.299	9	1	0.25	22	5	0.98	10	1	0.28
31 Other Defined Disease ...	46	26	1.780	53	36	2.223	46	33	1.99	47	29	1.93	49	32	2.08
32 Causes ill-defined or unknown	—	—	—	—	1	0.024	1	—	0.025	—	1	0.025	—	—	—

INFECTIOUS DISEASES.—These, including tuberculosis, are dealt with in the part of the Report devoted specially to infectious diseases.

CANCER AND OTHER MALIGNANT DISEASES.—The cancer death-rate for 1925 was 8.16 per 10,000 of the population as compared with a rate of 11.74 per 10,000 in 1924. The average for five years under survey was 9.6 per 10,000 of the population.

As has been pointed out in the Report for 1920, the death-rate from cancer is quite as high as that of pulmonary tuberculosis.

HEART DISEASE.—Deaths from this disease have shown a tendency to increase, the death-rate in 1925 was 14.59 per 10,000 of population as against 8.24 per 10,000 for 1924. The average for the past five years was 11.3 per 10,000.

BRONCHITIS.—The death-rates of this disease have remained fairly regular during the years under survey. The death-rate for 1925 was 5.44 per 10,000 of the population as compared with 5.99 for 1924, whilst the average for the years 1921 to 1925 was 5.92 per 10,000 of population.

POOR LAW RELIEF.—Mr. R. Stephenson, Clerk to the Cardiff Union has kindly compiled the following statistics relating to the Parish of Barry.

PERSONS IN RECEIPT OF POOR LAW RELEIF.

TABLE VII.

*Half-year ended.	Institutional Relief				Outdoor Relief.			
	Men.	Wom.	Children	Total	Men.	Wom.	Children	Total
31st March, 1921 ...	44	30	33	107	111	307	481	899
31st March, 1922 ...	39	23	32	94	454	625	1227	2306
31st March, 1923 ...	48	33	47	128	518	743	1373	2634
31st March, 1924 ...	57	43	44	144	516	763	1276	2555
31st March, 1925 ...	63	35	55	153	433	643	1232	2308

*Numbers kept for half-years only.

The expenditure on out-relief and unemployment relief is indicated in Table VIII.

POOR LAW RELIEF EXPENDITURE.

TABLE VIII.

Year ended.	Out-Relief Ordinary Cases.	Cases Relieved on account of unemployment.
31st March, 1921	£13,116 2 7*	£
,, ,, 1922	£16,450 10 9	£2,599 6 8
,, ,, 1923	£17,371 4 2	£3,832 11 6
,, ,, 1924	£17,272 3 3	£3,060 6 3
,, ,, 1925	£18,733 17 10	£2,038 5 3

*Includes some expenditure upon persons relieved on account of want of employment but no records are available.

CAUSES OF SICKNESS.—During the five years under review, outbreaks of diseases occurred as reported below.

In the summer of 1921 a severe outbreak of diarrhoea occurred, and accounted for 32 deaths of children under two years of age, the death-rate was 8.2 per 10,000. As reported in 1921 it is more than likely that flies played a prominent part in the spreading of this infection during an exceptionally warm season, and were certainly encouraged in that scavenging arrangements were not all that could be desired.

During 1922 four cases of small-pox occurred within the urban area of Barry. One case—an unvaccinated child—died of this dread disease. This incident proved the fallacy of permitting the public vaccination of infants to be optional. It might be left to one's imagination as to the result, if this child had not been discovered early and allowed to attend school with 50% unvaccinated children. No further cases have occurred since this outbreak, but there is no justification to assume that we are less liable to outbreaks of this disease, which continues to be prevalent in several parts of the country and is causing much anxiety to sanitary authorities.

In June of the same year an outbreak of diphtheria occurred in the Barry-Island district. Again in 1923 the undue incidence of diphtheria in the Barry-Island district after meticulous investigations was fully reported upon in the Annual Report for that year. By reference to Table VI. of this year's report it will be seen that the yearly death-rates from this disease were high during the years 1922 to 1924, being respectively 1.2, 3.0, and 2.4 per 10,000 of the population.

The year 1925 proved a serious one with regard to the incidence and mortality of measles. It was found necessary to close four of the infants' schools, as reported in the annual report of the School Medical Officer. The deaths from this disease numbered 14, the death-rate was 3.46 per 10,000 of the population.

The effects of local occupations upon health are those associated with coal-trimming, flour milling and moulding.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

HOSPITALS PROVIDED OR SUBSIDIZED BY LOCAL AUTHORITY OR COUNTY COUNCIL.

(1) TUBERCULOSIS.—Hospital accommodation for the treatment of this disease has been provided and controlled by the Welsh National Memorial Association.

There is no local hospital for the accommodation of patients suffering from this disease.

(2) MATERNITY.—No provision has been made locally for reception of maternity cases. There is no immediate need for a separate insitution for these cases (see under Accident and Surgical Hospital).

(3) CHILDREN.—There is no local children's hospital. A small children's ward for accidents and surgical cases is provided in the Council's Accident & Surgical Hospital.

(4) FEVER. The Infectious Diseases Hospital situated in Colcot Road was opened in November, 1912. It serves the Urban and Port Sanitary Authorities.

Plans for extension have been approved and the work put out for tender.

Admissions, 1925.

Diphtheria	84
Scarlet Fever	108
Enteric Fever...	2
Enteric Fever (Suspected)	2
Pneumonia	1
Total	197

Included in the above are 2 cases from aboard ship.

During the year, 3 deaths from Diphtheria and 1 from Scarlet Fever were recorded in hospital.

INFECTIOUS DISEASES HOSPITAL.

SUMMARY OF ADMISSIONS AND DEATHS. YEARS 1921 TO 1925.

TABLE IX.

Disease.		1925	1924	1923	1922	1921
Diphtheria	admitted...	84	91	98	87	40
	died ...	3	6	9	4	1
Scarlet Fever	admitted...	108	34	69	43	43
	Died ...	1	0	0	0	0
Enteric	admitted...	2	2	1	1	9
	died ...	0	0	0	0	0
Enteric (suspected)	admitted...	2	0	1	0	0
	died ...	0	0	0	0	0
Pneumonia	admitted...	1	0	0	0	0
	died ...	0	0	0	0	0
Chicken Pox	admitted...	0	1	0	0	0
	died ...	0	0	0	0	0
Encephalitis Lethargica	admitted	0	0	1	0	0
	died ...	0	0	0	0	0

(5) SMALL POX.—The Small Pox Hospital is built on a site off the Weycock Road, two-and-a half acres in extent and is situated two-and-a-half miles from the centre of the town. The site is enclosed by a stone boundary-wall, 6 feet in height, and the buildings are distant a quarter of a mile from the nearest inhabited house.

The method of sewage disposal at this Hospital is by no means satisfactory. The crude sewage is allowed to flow on to land in a wood nearby. As pointed out, some years this condition should be remedied by the installation of a small septic tank.

An agreement was entered into between the Barry Urban District Council and the Glamorgan County in May 1905, providing for the reception in the Barry Small Pox Hospital of small-pox cases occurring within the Urban Area of Barry and a part of the Cardiff Rural Area within a radius of ten miles of the Hospital (excluding the Penarth Urban Area). In 1923 at the suggestion of the Ministry of Health,the County Council proposed alteration of the original agreement, having regard to the large area which had been removed from Cardiff Rural Area by the extension of Cardiff City, and desired the inclusion of the remainder of the Rural District. This area comprised the Parishes of Van, Rudry, Rhydygwern, Llanfedw, and the remainder of Lisvane, Llanedarne, and Whitchurch. The Barry District Council agreed to comply with the request to extend the area served by the hospital for the reception of cases of small-pox if there is available accommodation, it being a condition that the sum to be paid in respect of each patient admitted from beyond a radius of ten miles from the hospital shall be the actual cost incurred.

No case of small-pox occurred in the area during 1925.

(6) OTHER HOSPITALS.—The Accident and Surgical Hospital is situated in Wyndham Street, the back overlooking Central Park. In consists of an Administrative and Ward Block and a Laundry Block.

Extensions to the Hospital have been considered by the Council from time to time, but in 1924 it was decided not to proceed with the proposed enlargement. Whenever this question is discussed at a future period, provision should be made for medical, children's and maternity wards, and also a small mortuary. In the near future, it will be necessary to consider additional accommodation and staff for dealing with the increased demand for massage and electrical treatment.

The Hospital is managed by the Hospital Committee of the Urban District Council. A monthly return is made to the Committee of all cases admitted. The present medical staff consists of Medical Superintendent, Surgeon, House Surgeon, Two Assistant Surgeons, and Radiographer. The nursing staff consists of Matron, one Sister, four Staff Nurses, a Masseuse, and four Probationers.

The Surgeon reports as follows:—

Patients remaining in hospital on Jan. 1st. 1925	29
Patients admitted up to Dec. 31st, 1925 ...	491
Total	520
Patients remaining in hospital, Dec. 31st, 1925	22
Patients discharged, cured or relieved ...	475
Patients died	23
Total	520

Total number of days spent in hospital ...	10,315
Average number of days per patient spent in hospital	21
Major operations performed	413
Minor operations performed	473
Total	886
General Anaesthetics administered ...	485
Local Anaesthetics administered ...	200
Spinal Anaesthetics administered ...	7
Total	692

Attendances for dressings	2,769
Consultations	1,720

The waiting list continues and averages approximately 17 Men, 48 Women, 5 Children.

Causes of Death.

Accident	6
Acute Obstruction	3
Cardiac Failure	1
Cellulitis and Septicaemia	4
Empyema and Pneumonia	1
Inoperable Cancer	3
Intussusception	2
Perforated Gastric Ulcer	1
Pulmonary Embolism	1
Ruptured Bladder	1
Ruptured Ectopic Gestation	1
Suicidal Cut Throat	1
Total	25

Casualty Departments.

Abscesses (various) opened	70
Amputation of Fingers	2
Amputation of Toes	4
Brought in dead	3
Burns and scalds	32
Carbuncle	1
Catheterisation	4
Circumcision	12
Concussion	4
Cysts (various)	15
Dislocations reduced	9
Dog-bites	23
Epithelioma of hand	1
Epithelioma of lip	2
Exostosis of finger	1
Exposure to cold	1
Foreign bodies, needles, etc. in hand ...	22
Foreign bodies swallowed	2
Foreign bodies in foot	5
Foreign body in Ear	1
Foreign body in Eye	62
Foreign body in Nose	7
Foreign body in throat	3
Fractures reduced and splinted ...	57
Ganglion	2
Horse-bites	2
Hydrocele tapped	3
Movements of limbs under Anaesthetics ...	2
Naevi	5
Severed tendons sutured	2
Wounds and injuries (various)	643
	1,002
Dressings, &c.	3,910
Total	4,912

(*a*) Surgical Diseases (In-Patients).

Disease of Circulatory System—	
Varicose Veins...	2
Varicocele	2
Diseases of Lymphatic System—	
Tuberculous glands	5
Cold Abscess	1
Diseases of Endocrine Glands— ...	
Cystic Adenoma of thyroid ...	1
Diseases of Breast—	
Chronic Mastitis	2
Cancer	2
Cystic adenoma	2
Diseases of Respiratory System—	
Empyema	5
Lung Abscess	1

Surgical Diseases (In-Patients)—*Continued.*	
Diseases of Colon, Rectum & Anus—	
Cancer of Colon	2
Cancer of Rectum	2
Fistula in Ano...	2
Haemorrhoids	5
Diseases of Kidney and Bladder—	
Calculus	3
Movable kidney	1
Diseases of Generative System (Male)—	
Urethral Stricture	5
Paraphimosis	1
Balanitis	1
Haematocele	1
Hydrocele	6
Spermatocele	1
Undescended Testes	1
Hydrocele of Cord	1
(Female)—	
Chronic Endometritis	4
Split Cervix	2
Erosion of Cervix	3
Retroversion of Uterus	1
Procidentia	5
Cancer of Cervix	6
Cancer of Uterus	4
Fibromyata of Uterus	2
Fibrosis Uteri	1
Metrorrhagia	1
Fribrosis of Ovaries	1
Cystic Ovary	1
Ovarian Cysts	4
Miscarriage	1
Incomplete Abortion	4
Retained Placenta	2
Tubercular Salpingo-oophoritis ...	1
Acute Salpingo-oophoritis	1
Chronic Salpingo-oophoritis	2
Ruptured Ectopic Gestation	2
Vaginismus	1
Diseases of Digestive System—	
Stomach—	
Chronic Ulcer	3
Perforated Ulcer	3
Cancer	5
Gastroptosis	1
Pyloric Ulcer	2
Pyloric Stenosis	1
Intestines.	
Perforated Duodenal Ulcer ...	2
Acute Appendicitis	47
Acute Appendicitis with abscess ...	7
Acute Appendicitis general peritonitis	2
Chronic Appendicitis	36
Duodenal Ulcer	8
Acute Intussusception	5
Acute Intestinal Obstruction ...	3
Tabes Mesenterica	1
Meckel's Diverticulum	1
T.B. Caecum	1
Hernia.	
Inguinal	27
Inguinal Strangulated	2
Femoral	1
Umbilical	1
Ventral	4
Epigastric Hernia	3
Diseases of Peritoneum—	
Abdominal Adhesions	7
Diseases of Liver and Gall Bladder—	
Chronic Cholecystitis	2
Chronic Cholecystitis with Gallstones...	7
Acute Cholecystitis with Gallstones ...	1
Acute Gangrenous Cholecystitis ...	1
Hydatid Cysts of Liver	1
Acute Haemorrhagic Pancreatitis ...	1

(*c*) Table of Surgical Operations.

Nature of Operation.	
Abdominal Section—	
Rammstedt's Operation	1
Gastro-Jejunostomy Posterior ...	16
For Perforated Gastric & Duodenal Ulcers	5
Appendicectomy for Chronic Appendicitis	36
Appendicectomy for Acute Appendicitis	47
For appendicitis and Abscess ...	7
For Appendicitis and G.P. ...	2
Appendectomy in Other Operations ...	28
Laparotomy for T.B. Peritonitis ...	1
Laparotomy for Carcinoma ...	5
Laparotomy for adhesions... ...	7
For Acute Obstruction (Various) ...	3
Exploratory Laparotomy (various) ...	11
Colectomy	1
Colostomy	2
Acute Intussusception	5
Caecoplication...	1
Cholecystostomy	5
Cholecystectomy	4
Hydatid Cysts of Liver	1
Excision of Meckel's Diverticulum ...	1
Anastomosis for T.B. Caecum ...	1
Herniotomy—	
Inguinal	27
Inguinal Strangulated	2
Femoral	1
Umbilical	1
Ventral	4
Epigastric	3
Mouth and Jaws—	
Cleft Palate	1
Cancer of tongue	1
Suicidal cut throat	1

TABLE OF SURGICAL OPERATIONS—*Continued*.

Abscesses, etc., opened—	
Axilla, Acute Abscess	1
Groin	1
Neck	6
Various	1
Cellulitis Incised	3
Acute Empyema Thoracotomy	5
Rectum and Anus—	
Haemorrhoids Mitchell's Operation	5
For Anal Fissure	1
Genito-Urinary Operations—	
Nephrectomy	3
Nephrotomy	1
Pyelotomy	1
Nephropexy	1
Bladder and Urethra—	
Cystoscopy	1
Suprapubic cystostomy	1
Suprapubic prostatectomy	5
Urethral Sounds	3
External Urethrotomy	2
Haematocele	1
Hydrocele	6
Spermatocele	1
Castration	3
Varicocele	2
Undescended testes	1
Hemithyroidectomy	1
Excision of papilloma of Bladder	1
Ruptured Bladder	1
Blood and Lymph Vascular System—	
For Varicose Veins	2
Excision of T.B. Cervical Glands	3
Excision of T.B. Glands (various)	2
Female Reproductive Organs—	
Uterus—	
Dilation and Curvettage	7
Amputation of Cervix	2
Repair of Cervix	2
Subtotal Hysterectomy	5
Pan-Hysterectomy	7
Salpingo-oophorectomy	3
Ovariotomy	6
Ruptured Ectopic Gestation	2
Myomectomy	1
Vagina and Vulva—	
Plastic operation for Vaginismus	1
Anterior & Posterior Colporrhaphy and perineorrhaphy	5
For Retroversion of Uterus	2
Obstetrical Operations—	
For incomplete abortion	4
Retained Placenta	2
Orthopaedic Operations—	
For Calcanean Spur	1
Wrenching for flat foot	1
Operations on Bones and Joints, &c.	
For united fracture of Femur	1
Plating and Wiring Fractures	2
Cleaning Compound Fractures	5
Reduction of Fractures	2
Dislocations	1
Arthrotomy	1
For Osteomyelitis	4
Sequestectomy (various)	3
Excision of Coccyx	1
For T.B. Bone Abscess	1
For T.B. Dactylitis	1
Tendon Suture	1
Excision of lower end of Humerus	1
Excision of fractured head of Radius	1
Secondary Suture	3
Amputation (Local) of Breast	3
For Wounds (various)	6
For Cancer of Breast—Radical Operation	2
Meniscotomy	1
Skin graft	1
Excision of cervical rib	1
Naevo-lipoma of leg	1

ACCIDENT AND SURGICAL HOSPITAL.

SUMMARY OF ADMISSIONS, OPERATIONS AND DEATHS. YEARS 1921 TO 1925

TABLE X.

Year.	Number of Admissions	Operations.		Number of Deaths.
		Major	Minor	
1925	491	413	473	23
1924	455	395	510	18
1923	453	404	510	12
1922	394	277	161	25
1921	346	257	143	22

ANY INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS.—No institutional provisions exist in the area for unmarried mothers, illegitimate infants and homeless children, but the Board of Guardians deal with some of these cases at the City Lodge and the Homes at Cardiff.

AMBULANCE FACILITIES.—The Council are in possession of two ambulances, one for the removal of infectious diseases, and the other is used in connection with the removal of non-infectious and accident cases.

TABLE XI.

Name of Service.	Number of Journeys within the Barry Area.	Number of Journeys outside the Barry Area.	Totals.
Public Health Service	199	2	201
School Medical Service	134	3	137
Maternity and Child Welfare Service ...	34	3	37
Accident and Surgical Hospital ...	1,362	13	1,375
Infectious Diseases Hospital	737	—	737
Small Pox Hospital	6	—	6
Port Sanitary Authority	11	4	15
Miscellaneous	43	76	119
Totals	2,526	101	2,627

CLINICS AND TREATMENT CENTRES.—Table XII shows the Clinics and Treatment Centres established in the area.

TABLE XII.

Centres.	Where Situate.	Accommodation.	By whom provided.
M. & C.W. Centres.			
1. Barry Dock ...	Public Health Centre ... Woodlands Road, Barry Dock. ...	Consulting Room, Nurses' Room, Waiting Room, Perambulator Shed & Lavatory	Barry Urban District Council.
2. Barry Island ...	Friars Road, Barry Island ...	Three rooms and Perambulator Shed, Lavatory	
School Clinic.			
1. Barry Dock ...	Public Health Centre, Woodlands Road ...	Consulting Room Nurses' Room, Waiting Room, Dental Clinic, Recovery Room, Eye Clinic, Offices, and Storeroom	Barry Education Committee.
2. Barry Island ...	Friars Road ...	See M. & C.W. Centre...	
Tuberculosis Centre	65 Holton Road, Barry Dock ...	Consulting Room and Waiting Room ...	Welsh National Memorial Association.
Treatment Centre for Venereal Diseases	Public Health Centre, Woodlands Road, Barry Dock ...	Consulting Room, Attendants' Room, Treatment Room, and Waiting Room, Lavatories. ...	Glamorgan County Council.

MATERNITY AND CHILD WELFARE.

(*a*) NOTIFICATION OF BIRTHS. During the year 809 live births (409 males and 400 females) and 40 stillbirths (21 males and 19 females) were notified under the provisions of the Notification of Births Acts

The midwives notified 784 live births and 40 stillbirths, whilst parents and doctors notified 25 live births.

Twenty midwives (13 trained and 7 bona fide) practice in the district, and have a representative on the Maternity and Child Welfare Committee.

The Notification of Births is the initial stage in the Maternity and Child Welfare Scheme. Upon those assisting in this movement there is not only a legal duty, but a moral obligation in notifying all births in the district. There are still one or two instances at Barry in which this broader and more patriotic aspect has not presented itself.

(*b*) INFANTILE MORTALITY.—There were 852 births during the year, and 69 deaths of children under one year, resulting in an infantile mortality rate of 80.98 per 1,000 births registered, as compared with 66.58 for 1924.

The causes of death of children under one year are shown in Table XIII and a survey is shown in Table XIV.

The two chief causes of mortality among infants in 1925, as shown in Table XIII were prematurity and pneumonia both conditions being responsible for 27 deaths. Nearly three-fourths of the deaths from prematurity occurred in the first week of birth. During the period 1921 to 1925 there was a yearly average of about 11 deaths from pneumonia and 18 from prematurity.

The third chief cause was atrophy, debility and marasmus with 8 deaths, 7 of which took place during the first four weeks of life. There was an equal number of deaths from other causes. The yearly average for the five years was about 6 deaths from each of these conditions.

The number of deaths from diarrhoea and enteritis was 8 for the year 1925, and during the period under survey there was an average of 8 from these diseases.

Convulsions accounted for 4 deaths and averaged 5 for the survey period.

Among the other causes of death were specific infectious diseases and congenital malformation.

TABLE XIV.

1925. Nett Deaths from stated causes at various ages under 1 year of age.

Causes of Death.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total Number 4 Weeks.	4 Weeks and under 3 Months.	3 and under 6 Months.	6 and under 9 Months.	9 and under 12 Months.	Total Deaths under 1 Year.
All causes (Certified	17	7	6	3	33	9	13	6	8	69
All causes (Uncertified ...	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	1	—	1
Whooping Cough	—	—	—	—	—	—	2	—	1	3
Influenza	—	—	—	—	—	1	—	—	—	1
Meningitis	—	—	—	—	—	1	—	—	1	2
Convulsions	—	—	1	—	1	—	3	—	—	4
Pneumonia	—	—	—	—	—	—	4	2	5	11
Diarrhoea	—	—	—	—	—	1	1	—	—	2
Enteritis (under 1 year)... ...	—	—	1	—	1	3	2	—	—	6
Gastritis	—	—	—	—	—	1	—	—	—	1
Syphilis	—	—	1	—	1	—	—	—	—	1
Congenital Malformation ...	1	1	—	2	4	1	—	—	—	5
Premature Birth	11	3	2	—	16	—	—	—	—	16
Atrophy, Debility and Marasmus ...	4	2	—	1	7	1	—	—	—	8
Other Causes	1	1	1	—	3	—	1	3	1	8
Totals	17	7	6	3	33	9	13	6	8	69

Nett Births		Nett deaths under one year of age	
Legitimate ...	814	Legitimate Infants ...	63
Illegitimate ...	38	Illegitimate Infants ...	6

SURVEY OF INFANT MORTALITY.

Years 1921 to 1925.

TABLE XV.

Year.	Number of Births.	Births per 1,000 of population.	Deaths of Infants under 1 year.	Deaths of Infants under 1 year per 1,000 births.	Death-Rates among Children under 1 Year of Age from Stated Causes, per 1,000 Births.																	Death-Rate from all causes at ages per 1,000 Births.		
					Measles.	Whooping Cough.	Influenza.	Tuberculous Meningitis.	Meningitis.	Convulsions.	Bronchitis.	Pneumonia.	Diarrhoea.	Enteritis.	Gastritis.	Syphilis.	Rickets.	Suffocation.	Injury at Birth.	Atelectasis.	Congenital Malformation.	Premature Birth.	Atrophy, Debility and Marasmus.	Other Causes.	Under 2 Weeks.	Above 2 Weeks and under 6 months.	Above 6 Months and under 1 year.
1925	852	21.0	69	80.9	1.1	3.5	1.1	0	2.3	4.7	0	12.9	2.3	7.0	1.1	1.1	0	0	0	0	5.9	18.8	9.4	9.4	28.1	36.3	16.4
1924	871	21.7	58	66.5	0	0	0	1.1	1.1	8.0	2.3	11.5	1.1	1.1	1.1	0	0	0	0	0	8.0	20.7	1.1	9.2	26.4	24.1	14.9
1923	872	22.9	68	77.9	0	1.1	0	1.1	1.1	6.9	1.1	9.2	2.3	3.4	1.1	0	1.1	2.3	1.1	0	1.1	24.1	8.0	12.6	37.8	33.2	6.9
1922	927	23.5	78	84.1	0	4.3	0	1.1	1.1	7.6	5.4	15.1	3.2	4.3	0	0	0	1.1	0	0	8.6	24.8	3.2	4.3	35.6	31.3	17.2
1921	971	24.9	76	78.2	0	1.0	0	0	0	2.0	8.2	4.1	11.3	17.5	0	0	0	0	0	1.0	3.1	14.4	12.4	3.1	28.8	38.0	11.3
Average 1921 1925	899	22.8	70	77.5	0.2	2.0	0.2	0.7	1.1	5.8	3.4	10.6	4.1	6.7	0.7	0.2	0.2	0.7	0.2	0.2	5.3	20.6	6.8	7.7	31.3	32.6	13.3

(*c*) MATERNAL MORTALITY.—In 1925 there were 2 deaths from puerperal sepsis and three deaths from other accidents and diseases of pregnancy and parturition among women.

In Table XVI. it will be seen that during 1925 there were 5.8 maternal deaths per 1,000 births and of these the deaths from sepsis were 2.3 and from other causes 3.5 per 1,000 births. The averages for the five years under survey were 3.3 maternal deaths per1,000 births and of these the deaths from sepsis were 1.1 and from other causes 2.2 per 1,000 births.

SURVEY OF MATERNAL MORTALITY. YEARS 1921 TO 1925.

TABLE XVI.

Year.	Number of Births.	Puerperal Sepsis.		Other Causes.		Totals.	
		Number of Deaths.	Rate per 1,000 Births.	Number of Deaths.	Rate per 1,000 Births.	Number of Deaths.	Rate per 1,000 Births.
1925	852	2	2.3	3	3.5	5	5.8
1924	871	—	—	1	1.1	1	1.1
1923	872	1	1.1	3	3.4	4	4.5
1922	927	1	1.0	2	2.1	3	3.2
1921	971	1	1.0	1	1.0	2	2.0
Average 1921 to 1925	899	1	1.1	2	2.2	3	3.3

(*d*) HEALTH VISITING —Visits paid by the Health Visitors during the year:—

To Expectant Mothers ... (1) First Visits... 220 ... (2) Total Visits... ... 240

To Infants under 1 year ... (2) First Visits 769 ... (2) Total Visits... ... 3,483

To Children, one to five ... ... Total Visits 3,101.

INFANT FEEDING.—The following table shows particulars of infant feeding at specified ages.

TABLE XVII.

Nature of Food.	New Births.	Two Mths.	Four Mths.	Seven Mths.	Twelve Mths.	Total.
Breast only	698	479	398	363	42	1,980
Breast and Cow's Milk	7	14	16	16	7	60
Breast and other Foods	11	50	55	68	93	277
Cow's Milk only	25	38	60	79	13	215
Dried Milk only	20	61	82	105	50	318
Milk and other Foods	—	5	20	43	139	207
Condensed Milk and Patent Foods	8	31	32	35	24	130
Other Foods	—	2	1	7	286	296
Total	769	680	664	716	654	3,483

SURVEY OF INFANT FEEDING.

YEARS 1921 to 1925.

TABLE XVIII.

Age Groups.	Average Number Per Annum.	Breast Fed.		Partially Breast Fed.		Artificially Fed.	
		Number	Per cent.	Number.	Per cent.	Number	Per Cent.
New Births	814	743	91.3	18	2.2	53	6.5
Two Mths.	712	512	71.9	60	8.4	140	19.7
Four Mths.	735	458	62.3	59	8.0	218	29.7
Seven Mths	725	398	54.9	72	9.9	255	35.2
12 Mths. ...	697	54	7.7	148	21.2	495	71.1

The chief point of interest with regard to infant feeding is the decrease in the percentage of breast fed infants among the new births being 90.8 for 1925 as compared with an average of 91.3 for the five years.

In surveying the records for the period it was noticed that the number of new births fed on cow's milk has increased. In 1921 it was 1.3%, the same in 1922, and 2.1% for the years 1923 and 1924, whilst for 1925 the percentage increased to 3.3.

Home visiting of children under school age during 1925. The following table shows the results of 3,101 visits to children under five years of age:—

TABLE IX.

Age.	Number Visited.	Number Defective.	Referred Own Doctor.	Referred to Clinic.
15 Months	655	67	28	39
21 Months	598	69	19	50
2½ Years	651	58	25	33
3½ Years	637	68	16	52
4½ Years	560	24	10	14
Totals	3,101	286	98	188

The percentage of defects requiring attention during 1925 was 9.2 as compared with 10.7 per cent the yearly average for the period under review.

(*e*) MATERNITY AND CHILD WELFARE CENTRES.—Three half-days a week have been set apart for the work of this branch of the Public Health Service.

During 1925 the following attendances have been made at the Centres:—

	Barry Dock.	Barry Island.	Total.
Expectant Mothers ...	202	18	220
Babies (under one year)	2,819	294	3,113
Children (under school age)	879	194	1,073
Totals ...	3,900	506	4,406

The attendances at the Centres have decreased as compared with the previous years of the period under survey.

TABLE XX shows the Classification of Diseases and Defects discovered at the Welfare Centre during 1925.

Defect or Disease.	Children under one year.	Children one and under five.	Total.
Diseases due to disorders of Nutrition.			
Inanition	—	5	5
Rickets	5	12	17
Malnutrition	49	3	52
Diseases caused by Infection.			
Whooping Cough	5	7	12
Chicken Pox	—	3	3
Diarrhoea	60	32	92
Syphilis Congenital	—	—	—
Pyrexia (uncertain origin)	—	5	5
Ringworm (Head)	—	2	2
Ringworm (Body)	1	1	2
Measles	—	1	1
Mumps	—	—	—
Diphtheria	—	1	1
Scarlet Fever	—	—	—
Skin Diseases.			
Scabies	2	6	8
Impetigo	17	84	101
Other Diseases	81	62	143
Eye.			
Blepharitis	2	8	10
Conjunctivitis	7	12	19
Squint	1	9	10
Other Conditions	18	11	29
Ear.			
Otitis Media	20	34	54
Other Conditions	2	9	11
Nose and Throat.			
Adenoids and Enlarged Tonsils	1	33	34
Adenoids	—	4	4
Other Conditions	15	29	44
Dental Caries	2	25	27
Enlarged Cervical Glands	2	15	17
Heart and Circulation.			
Congenital Heart Disease	5	8	13
Anaemia	2	5	7
Disease of Lungs.			
Bronchitis	43	22	65
Other Non Tubercular Diseases	30	36	66
Pulmonary Tuberculosis (suspected)	—	—	—
Other Forms of Tuberculosis	—	1	1

TABLE XX (Continued.)

Defect or Disease.	Children under one year.	Children one and under five.	Total.
Diseases of Digestive System.			
Conditions of Mouth, Stomach and Bowels...	101	48	149
Umbilical Hernia	71	6	77
Hernia	5	3	8
Diseases of Nervous System.			
Mentally Deficient	—	5	5
Other Conditions	—	6	6
Disease of Generative System.			
Phimosis...	63	7	70
Hydrocele	3	—	3
Other Conditions	6	15	21
Congenital Deformities.			
Talipes Equino Varus	3	3	6
Cleft Palate	—	—	—
Infantile Paralysis	1	5	6
Other Conditions	1	15	16
Minor Injuries	2	22	24
Other Diseases or Defects	25	33	58

	Under one year.	One and under five.	Total.
(*a*) Number of children having defects to be kept under observation, or referred for treatment	385	473	858
(*b*) Number of individual children not requiring observation or treatment...	111	21	132
Totals	496	494	990

In Table XXI. appears a survey of the number of children attending the Centres during 1925. During the year 1925, 77.6 per cent. of children under one year, and 95.7 per cent. of children 1 to 5 years of age required treatment or to be kept under observation, as compared with an average of 81 and 94 per cent. respectively for the period under review.

SURVEY OF TREATMENT AT CHILD WELFARE CENTRE.

YEARS 1921 TO 1925.

TABLE XXI.

Year.	Children under One Year.					Children One and Under Five Years.				
	Attended Centre	Requiring Treatment or Observation.		Requiring No Treatment		Attended Centre	Requiring Treatment or Observation.		Requiring No Treatment	
		Number.	Per Cent.	Number.	Per Cent.		Number.	Per Cent.	Number.	Per Cent.
1925 ...	496	385	77.6	111	22.4	494	473	95.7	21	4.3
1924 ...	466	388	83.3	78	16.7	452	433	95.8	19	4.2
1923 ...	539	460	85.3	79	14.7	586	564	96.2	22	3.8
1922 ...	652	561	86.1	91	13.9	619	582	94.0	37	6.0
1921 ...	429	298	69.5	139	32.4	529	470	88.9	59	11.1
Average 1921-1925.	516	418	81.0	99	19.1	536	504	94.0	32	6.0

NECESSITOUS CASES.—The following amended scale has been adopted, and approved by the Welsh Board of Health, for dealing with necessitous cases, applying for payment of a midwife's fee for attendance at confinement, and granting of free milk certificates.

Number in Family	Scale of Income per head after deducting rent.	
	Free.	Half cost price.
	s. d.	s. d.
1	13 0	14 0
2	10 6	11 6
3	8 6	9 6
4	7 6	8 6
5	7 0	8 0
6 and over	6 6	7 6

During the year the midwives' fees were paid in full in 50 cases. There was an increase in the number of midwives' fees paid as compared with the previous year.

With regard to the payment of fees, it is decidedly disadvantageous to progressive district Councils that overlapping occurs through *section* 14 *of the Midwives Act* 1918, which places the duty on the County Councils of paying fees of medical men called in by midwives. The intrusion of the County Councils has been retrogressive to up-to-date urban authorities by not having the midwives under their supervision. Our legislators have intensified the overlapping which had existed previously, and it is hoped that the provisional proposals of the Minister of Health, for making the county the administrative unit in health matters, will not materialise. This would be a retrograde step in health reform. As regards authorities in Wales it would be advisable to consider the question of dividing up of the country into 2 or 3 units of sufficient area, population, and wealth to enable them to control with full power.

HOME HELPS.—No case was provided with the services of a Home Help.

DRIED MILK.—Clinic Patients on production of a certificate were supplied with dried milk at reduced cost from the chemists in the locality where they resided. In necessitous cases special certificates were issued and accounts rendered to the Council. A similar concession was allowed for the supply of mixtures, medicines and powders, prescribed by the Medical Officer in accordance with rates applicable to panel patients.

During the year 122 cases were supplied with 1,554 lbs. of dried milk at the the cost of the Committee; 189 cases were supplied with 3,456 lbs. at their own expense. There has been a decrease of 119 lbs. in the amount of dried milk issued at cost of Committee, as compared with 1924.

The average figures for the period under survey were as follows:—184 cases were supplied with 2,420 lbs. of dried milk at the cost of the Committee, and 357 cases were supplied with 5,986 lbs. at their own expense. It is seen that there is a decided decrease in the amounts supplied during 1925.

OPERATIVE TREATMENT:—The following cases of children under school age received operative treatment at the School Clinics:—

Adenoids and Enlarged Tonsils	22
Dental Caries	68
Total	90

The following conditions discovered in children under five years of age received treatment at the Accident and Surgical Hospital:—

Septic Gland	1
Abscess Rt. Thigh	1
Burns	1
Congenital Pyloric Stenosis	1
Acute Intussusception	4
Hernia	8
Croup	1
Appendicitis	1
Scalds	1
Total	19

OPHTHALMIA NEONATORUM.—During 1925, two notifications of this disease were received and all were investigated by the Health Visitors. All cases recovered, and no permanent injuries to the eyes were noted. The average number of cases for the period under survey was 6.

TABLE XXII.

Ophthalmia Neonatorum	Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
	Notified	Treated. At Home	Treated. In Hospital				
2	2	2	—	2	—	—	—

DENTAL TREATMENT.—Cases are referred by the Medical Officer of the Maternity and Child Welfare Centre to the School Dental Surgeon for treatment.

The following scale of charges has been adopted and approved by the Welsh Board of Health:—

ADULTS—Fillings, 2/6 each; Scalings, 2/6.

Extractions—1. With gas, irrespective of number of extractions	2/6
2. With Local Anaesthesia—	
(*a*) Single Extractions	1/-
(*b*) Multiple Extractions	2/6
Dentures—	
1. Complete upper or lower	£2
2. Partial upper or lower	3/- per tooth, minimum fee 10/6

CHILDREN.—6d. per attendance; i.e., the same as school children.

During the year 62 expectant and nursing mothers, and 68 children under school age received dental treatment at the School Clinic, as compared with averages of 42 and 43 respectively for the period under review.

The following table shows the work done during the year 1925:—

TABLE XXIII.

	No. of Attendances.	Extractions.		Fillings.		Dressings.	Anaesthesia.	Dentures.		
		Permanent.	Temporary.	Permanent.	Temporary.			Partial	Complete	Repairs
Mothers	136	187	—	5	—	15	47	1	5	—
Children	93	—	116	—	13	12	22	—	—	—
Totals	229	187	116	5	13	27	69	1	5	—

ORTHOPAEDICS.

Cases of physically defective children under school age are referred from the Centres to the Prince of Wales' Hospital, Cardiff, for treatment. The expenses incurred in necessitous cases are paid out of the funds of the Neale Trust.

The hospital fees being:—

In-patients ... 2 guineas a week.
Out-patients ... Registration fee of 5s. each case.

During the year 24 cases received remedial treatment at the Hospital.

PROPAGANDA.—A "Child Welfare Exhibition" was held with considerable success during the week ended 21st March, 1925. Public Lectures were given by Dr. A. Mason Jones, Cardiff, Dr. Ralph Picken, M.O.H., Cardiff, Dr. Gilbert Strachan, Cardiff, Dr. D. Llewelyn Williams, Welsh Board of Health, and Dr. E. Colston Williams, County M.O.H., Glamorgan. During the week, Baby Competitions were held with great success in the afternoons, when members of the Medical Staffs of the Glamorgan County and Cardiff Public Health Services very kindly adjudicated competitions. The Competitions for the making of first sets of baby garments by Girls in the Senior Schools for the Shield—kindly presented by Councillor C. B. Griffiths, O.B.E.—was won for the first time by the Island Mixed School. The adjudication in this competition was made by Miss Keating, Lady Organiser to the Central Council for Infant and Child Welfare. In the evenings musical items were given by Scholars attending the Local Elementary Schools. Special addresses on health matters were given at Churches and Chapels in the district on the Sunday. Special Health Films were exhibited during the week at the Local Picture Houses. As usual, satisfactory prominence was given to the movement by the Local Press.

TUBERCULOSIS.—Pulmonary: sixty-four cases of pulmonary tuberculosis were notified during the year, as compared with fifty-five for 1924.

Other Forms: twenty-six cases of other forms of tuberculosis were notified during 1925, as compared with seventeen for 1924.

The death-rate from pulmonary tuberculosis was 0.989 per 1,000 population, as compared with 0.95 for 1924. 20 per cent. of deaths from pulmonary tuberculosis had not been notified by the doctors.

The death-rate from other forms of tuberculosis was 0.173 per 1,000 population, as compared with 0.35 for 1924. 28.5 per cent. of the deaths from other forms had not been notified.

Table XXIV shows the classification of new cases and deaths during 1925 according to age groups and sex.

TABLE XXIV. TUBERCULOSIS 1925.

Age Groups.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	—	—
1	2	—	1	3	2	1	1	—
5	1	3	3	1	—	—	—	1
10	1	4	2	3	1	2	—	—
15	3	5	3	3	3	2	1	1
20	6	4	—	—	3	3	1	—
25	7	7	2	2	3	5	1	—
35	4	3	—	1	5	2	—	1
45	4	1	1	—	3	—	—	—
55	5	2	—	—	2	2	—	—
65 & upwards.	1	1	—	—	1	—	—	—
Total	34	30	13	13	23	17	4	3

TABLE XXV.

SURVEY OF TUBERCULOSIS. 1921 to 1925.

Year.	Notifications.				Deaths.							
	Pulmonary.		Non-Pulmonary		Pulmonary.				Non-Pulmonary.			
	M.	F.	M.	F.	M.	F.	Rate Barry	Rate E.&W	M.	F.	Rate Barry	Rate E.&W
1921	15	11	19	9	7	5	0.72	0.88	3	1	0.10	0.24
1922	21	27	19	8	17	17	0.86	0.89	5	5	0.25	0.23
1923	25	17	11	13	17	19	0.90	0.84	4	4	0.20	0.23
1924	31	24	5	12	18	20	0.95	0.84	7	7	0.35	0.25
1925	34	30	13	13	23	17	0.99	—	4	3	0.17	—

The Tuberculosis Physician, Dr. Gilchrist, attends Barry one half-day a week, and has kindly compiled the following table in connection with the treatment of tuberculosis during the year 1925.

TABLE XXVI.

TREATMENT OF TUBERCULOSIS, 1925.

Admissions to Treatment.	Pulmonary Tuberculosis.							Non-Pulmonary Tuberculosis.						
	1 to 5 years.		5 to 15 years.		15 and over.		All Ages.	1 to 5 years.		5 to 15 years.		15 and over.		All Ages.
	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	
Institutional	—	—	—	3	9	9	21	—	1	1	—	—	2	4
Domiciliary Treatment	—	—	—	3	7	11	21	—	1	1	1	—	2	5
Dispensary Treatment	—	—	—	1	—	1	2	—	—	1	1	1	3	6
Totals	—	—	—	7	16	21	44	—	2	3	2	1	7	15

Number of New Cases seen ... 98.

Diagnosis: Pulmonary Tuberculosis;	Non-Pulmonary Tubercle;	No active T.B.
26	9	60

The provision of additional institutional accommodation for cases of tuberculosis is urgently needed, as great difficulty is experienced in obtaining suitable Hospital treatment for In-patients.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS 1925.

It was not necessary to take action under these Regulations, relating to tuberculous employees in the milk trade.

PUBLIC HEALTH ACT 1924, SECTION 62.

No action was taken under this section, which empowers the Council to apply for an order for the removal to hospital of infectious persons suffering from pulmonary tuberculosis.

TREATMENT OF VENEREAL DISEASES.

Dr. G. H. Winch, Medical Officer of the Glamorgan County Council Branch Clinic, Barry, has kindly compiled the following report in connection with the treatment of venereal diseases at Barry during the year 1925.

Review of treatment of venereal diseases, October 25th, 1921, to December 31st, 1925.

As the Glamorgan County Council Venereal Diseases Clinic at Barry has now been in operation rather over four years, the present time seems a favourable opportunity for a general survey of its usefulness during that period.

Growth of the Clinic.—Both in regard to new patients admitted and attendances of patients on the register, the subjoining table gives definite evidence of the gradual increase of venereal disease work at this clinic. It is interesting to note that in the last year or two there has been a decline in the number of primary cases of syphilis coming for treatment but a marked increase in the number of acute cases of gonorrhoea. With regard to the latter, it is satisfactory to note that they come to the Clinic with the disease in a very early stage. This is a great improvement on what was happening two or three years ago, and in my opinion, shows the value of the propaganda work already done. During the last 12 or 18 months many patients have come to the Clinic simply because they had exposed themselves to risk of infection—not because they had any symptoms or signs of venereal disease—this again shows the great value of educating the public by intensive propaganda.

Seamen.—It is particularly gratifying to observe a considerable increase in the number of these coming to the Clinic for treatment. This I ascribe to the fact that there has been more propaganda work done amongst seamen, and especially that our local Clinic has been well advertised at the docks due very largely to the energy and interest displayed by the Medical Officer of Health of Barry and his Staff. The recent International Agreement for Seamen is also having a marked effect in improving the chances of treatment for this class.

Present Condition of Venereal Disease.—It cannot be too strongly stated that there is still a vast amount of weakening of our natural efficiency by the scourges of syphilis and gonorrhoea. To those who realise the ravages which these diseases are still causing, the misery inflicted on individuals, the slaughter of infants, born and unborn, and the crippling of men, women and children, the task of treating thoroughly and preventing venereal disease must become a sacred duty.

Infection Carriers.—Whilst as far as the male population is concerned there has been such a great improvement in early attendance, and consequently more thorough and efficient treatment, it is sad to think that the whole Venereal Disease Campaign is doing little or nothing in preventing or lessening these diseases amongst the female infection carriers, e.g. the Prostitutes and the so-called 'Amateurs.' Indeed it would seem that these classes are seldom or never dealt with—either by clinics or private practitioners. As it is certain that there is no method whereby the male can prevent himself from acquiring one or other of these diseases from an infected female except by abstinence from sexual intercourse, the importance of getting hold of these women and treating them seems quite obvious. One is afraid, however, that this will remain practically impossible until there is special legislation to deal with this class of case. To sum up generally, one is justified in stating that much more good work has been done in

combating venereal diseases during the last few years, but that there is still plenty of room for improvement, and that as far as really stamping out these devastating diseases—the ideal aimed at—we are yet a long way from the goal. In conclusion I would once more express my sincere appreciation of much valuable help from the Medical Officer of Health of Barry and his Staff, and also from many of the local General Practitioners.

TABLE XXVII.

Table XXVII shows classification of cases admitted during 1925 according to age groups and sex.

Disease.	Maternity and Child Welfare 1—5 years.		School Medical Service. 5 to 14 years		Public Health Service. 14 and over.		Seamen (included in (P.H.S)	Total.	
	M.	F.	M.	F.	M.	F.		M.	F.
Congenital Syphilis ...	2	4	1	1	3	2	—	6	7
Syphilis	—	—	—	—	71	13	29	71	13
Gonorrhoea ...	—	6	—	2	109	7	33	109	15
Soft Chancre ...	—	—	—	—	1	—	1	1	—
Totals ...	2	10	1	3	184	22	63	187	35

SURVEY OF TREATMENT OF VENEREAL DISEASES. YEARS 1921 TO 1925.

TABLE XXVIII.

Year.	Total.	Congenital Syphilis.		Syphilis.		Gonorrhoea		Soft Chancre		*Mixed Infections		Not V.D.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Total Number of New Cases.													
1925	244	6	7	71	13	109	15	1	—	9	—	9	13
1924	288	5	18	95	23	107	13	1	—	14	2	16	10
1923	208	4	15	57	10	89	15	1	—	11	4	7	10
1922	247	6	10	72	24	93	14	—	—	14	5	15	13
†1921	39	2	3	9	3	18	—	—	—	1	—	3	1
Attendances of all Cases.													
1925	3333	123	141	440	886	1410	257	2	—	72	—	35	39
1924	3128	98	126	516	946	1088	310	3	—	112	16	23	18
1923	3418	108	134	676	932	1102	340	6	—	88	32	57	63
1922	2821	101	84	372	745	1227	158	—	—	112	40	44	90
†1921	123	4	10	18	10	72	—	—	—	10	—	7	2

*These cases have also been included in the other classifications.

†V.D. Centre opened 21st October, 1921.

PUBLIC HEALTH STAFF.—A complete list of the Public Health Officers, with their qualifications, can be found in the front portion of this report.

PROFESSIONAL NURSING IN THE HOME.—(*a*) General.—There is one Private Nursing Home in the District.

General Nursing is carried out by the Barry District Nursing Association who visit any patient on being communicated with by the doctor in attendance on the case.

(*b*) Infectious Diseases.—Arrangements can be made with the Barry District Nursing Association to undertake this work. In time of epidemic, such work would be undertaken by the Health Visitors and School Nurses, assisted by the District Nursing Association. Assistance during these periods has been offered by the Order of St. John and Red Cross Societies.

LABORATORY SERVICE.—The following table shows the results of examinations of suspected specimens sent to the Cardiff and County Public Health Laboratory during the year.

TABLE XXIX. BACTERIOLOGICAL EXAMINATIONS, 1925.

Specimens.	Number.	Results.	
		Negative.	Positive.
Suspected Diphtheria ...	982	826	156
Suspected Enteric... ...	8	7	1
Suspected Malaria... ...	1	1	—
Suspected Ringworm ...	28	5	23
Suspected Tuberculosis ...	78	67	11
Suspected C.S. Fluid ...	1	1	—
Totals	1098	907	191

LEGISLATION IN FORCE.

The following local Acts are in force in the district:—

Barry and Cadoxton Local Board (Gas and Water) Act, 1893.
Barry Urban District Council Act, 1896. (Secs.: 40, 80, & 105 repealed).
Barry Urban District Council Act, 1913. (Secs.: 73, 74, 91, 107, 109 & 111 repealed).

Permissive Acts adopted by the Local Authority:—

1. The Baths and Wash-Houses Acts, 1846 to 1899.
2. The Burials Acts, 1852 to 1900.
3. The Infectious Diseases (Notification) Act, 1889, adopted Aug. 12th, 1890.
4. The Infectious Diseases (Prevention) Act, 1890, adopted January 6th, 1891, and February 3rd, 1891. Parts 3 and 21.
5. The Public Health Acts (Amendment) Act, 1890, adopted Nov. 28th, 1893. Part 5.
6. The Museum and Gymnasium Act, 1891.
7. The Public Libraries Acts, 1892 to 1919.
8. The Private Street Works Act, 1892.
9. The Public Health Acts (Amendment) Act, 1907. (Secs.: 79, 81, 85, 86, adopted 30th November, 1909. Parts 5 and 6 and certain sections in Parts 2, 3, 4 and 10 adopted 3rd February, 1910. Section 94 adopted 24th March, 1921).
10. The Public Health Act, 1925. (Sections 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 33, 34, and 35 of Part 2. Sections 36, 37, 38, 39, 41, 43, and 44 of Part 3. Sections 45, 46, 47, and 50 of Part 4. The whole of Part 5. Adopted and coming into operation 15th April, 1926.

LOCAL ORDER.

Provisional Order for altering the Barry and Cadoxton Local Board (Gas and Water) Act, 1893, confirmed by the Local Government Board's Orders. Confirmation (No. 13) Act, 1902.

The following Bye-Laws and Regulations are in operation in the district:—

Bye-Laws for the Prevention of Nuisances arising from snow, filth, dust, ashes and rubbish, and for the prevention of the keeping of animals on any premises so as to be injurious to health, dated 17th October, 1889.

Bye-Laws as to cleansing of earth-closets, privies, ashpits, and cesspools, dated 17th October, 1889.

Bye-Laws for the regulation of Offensive Trades,—Blood boiler, Blood drier, Bone boiler, Fellmonger, Tanner, Leather dresser, Soap boiler, Tallow melter, Fat melter, Tripe boiler, Glue maker, Size maker and Gut scraper.

Bye-Laws as to Common Lodging Houses, dated 17th October, 1889.

Bye-Laws as to Hackney Carriages, dated 10th October, 1892.

Bye-Laws as to Seamen's Lodging Houses, dated 21st March, 1894.

Bye-Laws as to Pleasure Boats, dated 5th November, 1895.

Bye-Laws as to Shows and Steam Whistles, &c., dated 27th December, 1898.

Bye-Laws as to Tents, Vans, and Sheds, dated 18th December, 1899.

Bye-Laws as to Bathing, dated 18th December, 1899.

Bye-Laws as to Management of Mortuary, dated 30th May, 1905.

Bye-Laws as to Seashore Trading, dated 18th August, 1909.

Bye-Laws as to Registry of Servants, dated 12th August, 1910.

Bye-Laws as to Parks and Recreation Grounds, dated 13th March, 1912.

Bye-Laws as to Slaughter House, dated 24th July, 1915.

Bye-Laws as to Street Trading, dated 7th December, 1921.

Bye-Laws as to New Streets and Buildings, dated 6th November, 1925.

Regulations with respect to Removal of Persons from Ships to Hospitals, dated 18th March, 1912.

Regulations with respect to Dairies, Cowsheds, and Milkshops, dated 8th October, 1923.

Sanitary Circumstances of the Area.

WATER.—The water supply within the Urban District of Barry is derived from wells sunk and headings driven in the carboniferous formation of land in possession of the Council within the parish of St. Andrew's Major.

In March, 1924, The Ministry of Health reported that,

"The Public Water Supply of the Barry Urban District does not appear to be wholly satisfactory: the water is excessively hard and its source is liable to pollution under certain conditions; the improvement of the water supply should therefore be a matter for the Council's consideration in the near future".

The total hardness of the Barry Water is about 30 degrees, of which 20 degrees form temporary hardness and 10 degrees are permanent. In Barry the average daily consumption of water per head of population is about 23 gallons. It is supposed for the sake of argument that only one of these gallons is used daily with soap for personal washing and for washing of clothes, although probably the figure is much higher than that. In other words, in our town with a population of over 40,000 persons there are used daily some 40,000 gallons of water with soap. For every degree of removable hardness in a thousand gallons, a wastage of one pound of soap results; and since there are at least 20 degrees of removable hardness in our water this results daily in a wastage of 40 × 20 or 800 pounds of soap. If common soap costs 6d. a pound it will be seen that there is a daily wastage of £20, or £7,300 a year. All this is presented on the assumption that only one gallon of water is used daily for all washing and laundry purposes, nor does it take into account the vast saving that would result from year to year in domestic boilers and manufactories.

The question of a Soft Water Supply was before the town some years ago and at that time the general opinion was against obtaining a new supply. Since then your Medical Officer of Health has submitted several reports on the condition of the supply, but to-day it is pleasing to report that the Council expect to be in a position to provide the district with a supply of soft water at an early date.

STATEMENT OF WATER CONSUMED DURING 1925.

Total consumption	334,062,466 gallons.
Average daily consumption	912,677 gallons.
Average consumption per head per diem	22.26 gallons.

SURVEY OF BACTERIOLOGICAL AND CHEMICAL EXAMINATION OF BARRY WATER SUPPLY. 1913 TO 1925.

TABLE XXX.

Years.	Bacteriological.			Chemical.		
	Number of Samples.	Satisfactory	Unsatisfactory.	Number of Samples.	Satisfactory	Unsatisfactory.
1913	4	3	1	4	4	—
1914	3	1	2	3	3	—
1915	2	1	1	2	1	1
1916	5	2	3	5	4	1
1917	2	1	1	2	2	—
1918	3	1	2	3	2	1
1919	5	—	5	5	3	2
1920	4	1	3	4	4	—
1921	7	5	2	7	6	1
1922	6	1	5	5	2	3
1923	6	2	4	6	6	—
1924	4	1	3	4	3	1
1925	3	1	2	3	1	2
Totals ...	54	20	34	53	41	12

RIVERS AND STREAMS.—There are no streams of any size in the area.

DRAINAGE AND SEWERAGE.—There are two main sea outfall systems of sewerage disposal works in the area, one is situated at Coldknap in the western portion and the other at the Bendrick Rocks in the eastern end of the town. These sewers discharge below low water mark.

These outfalls take the whole of the sewerage of Barry and are quite capable of dealing with the town's requirements.

Last year it was found necessary to construct a small inland sewerage disposal works comprising settlement tanks and filter beds capable of dealing efficiently with the sewage from 100 houses, which were state-aided and erected by private enterprise. The reason for the construction of this plant was due to the level of the site where these houses were built, being considerably lower than the level of the Council's main sewer in that neighbourhood. This installation is now in use and works very efficiently.

The only other houses not connected to the sewers are those in the outlying and rural parts of the area.

CLOSET ACCOMMODATION.—The closet accommodation is satisfactory, the conveniences being of the Water Closet Type. Where possible, the provision of pans of the pedestal type is insisted upon in place of the ordinary hopper pans.

SCAVENGING.—The removal of house and trade refuse is carried out daily in some parts of the district and in other parts at least two or three times a week. The refuse is collected in covered carts, wagons and petrol lorries, and disposed of by burning in the Council's Refuse Destructor. The Destructor is a modern building comprising four cells capable of destroying 60 tons of refuse per day of 24 hours.

During the year 9,201 tons of refuse were destroyed, averaging 29.6 tons per working day of 16 hours.

Housing.

During the year inspection has been made of two thousand five hundred and fifty-nine houses, and special reports have been submitted to the Council upon the various phases of the Housing problem.

Overcrowding exists throughout the district, but to a greater extent in the Central and Eastern Wards, and in spite of the fact that five hundred and eleven dwellings have been erected and occupied, there are still 1900 applicants for houses. No doubt a proportion of these applicants already occupy houses or apartments where the numbers cannot be said to constitute overcrowding, but it is safe to assume that 75% of the applications are genuine and urgent. One cannot disregard the fact that many persons are more content to live in apartments than in houses of their own, and that many occupants of houses are compelled to take in sub-tenants to enable them to pay the rents demanded, but generally speaking sub-tenants are compelled to pay rents out of all proportion to the standard rent of the houses they reside in, and consequently would pay little more for a separate dwelling than they are at present paying for rooms.

The one disappointing feature of practically all housing schemes is the high standard of building cost, thereby resulting in the fixing of rentals that are beyond the means of the working classes to pay. Housing schemes were primarily intended to meet the needs of the lower paid worker, but when rentals ranging from 10/- to 20/- per week are demanded it is obviously impossible for the working classes to meet this demand.

Again, the problem of selecting suitable tenants is a difficult one, but the Local Authorities must face the fact that they cannot always expect to select the best-paying tenants and leave the residue for private owners to cater for. It is obvious that private owners cannot and will not provide for the class of tenant that can be termed as forming the "submerged tenth."

The Housing problem, difficult of solution as it is, can only be effectively solved by encouraging individual ownership. The Building Society system of purchase and the use of the Small Dwellers' Acquisition Act should constantly be brought to the notice of persons requiring houses, and Local Authorities should not under any circumstances grant houses to persons who could by some amount of effort provide themselves with dwellings. There are certain types of tenants who can never be expected to provide themselves with a house, and it is for this class and this class alone that housing schemes were intended.

Briefly, the housing problem can only be brought nearer solution by:—

(*a*) Encouraging individual ownership.

(*b*) Refusal to consider applications from persons who in the opinion of the Authority could provide themselves with houses.

(*c*) The erection of smaller houses to be let at rentals not exceeding 8/- per week.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of new houses erected during the year:—	
(*a*) Total (including numbers given separately under (*b*) ...	190
(*b*) With State assistance under the Housing Acts:	
(1) By the Local Authority	65
(2) By other bodies or persons	100
1.—Unfit Dwelling Houses—	
Inspection—(1) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	2,559
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Insp. of District) Regs. 1910, or the Housing Consolidated Regulations, 1925	1,100
(3) No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4) No. of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	977

2.—Remedy of Defects without Service of formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their Officers 795

3.—Action under Statutory Powers.

A.—Proceedings under section 3 of the Housing Act, 1925 ...

(1) No. of dwelling-houses in respect of which notices were served requiring repairs ... ... Nil

(2) No. of dwelling-houses which were rendered fit after service of formal notices:—

(*a*) By Owners ... ...

(*b*) By Local Authorities in default of Owners ...

(3) No. of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close... ...

All Notices served under provisions of P.H.A.

B.—Proceedings under Public Health Acts.

(1) No. of dwelling-houses in respect of which notices were served requiring defects to be remedied 977

(2) No. of dwelling-houses in which defects were remedied after service of formal notices:—

(*a*) By Owners 182

(*b*) By Local Authority in default of owners ... ... Nil

C.—Proceedings under sections 11, 14 and 15 of the Housing Act, 1925.

(1) No. of representations made with a view to the making of Closing Orders ... ... Nil

(2) No. of dwelling-houses in respect of which Closing Orders were made ... ... Nil

(3) No. of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ... Nil

(4) No. of dwelling-houses in respect of which Demolition Orders were made ... ... Nil

(5) No. of dwelling-houses demolished in pursuance of Demolition Orders ... ... Nil

HOUSING REPAIRS.

Nine hundred and seventy-seven informal notices, and one hundred and eighty-two statutory notices were served during the year.

The number of notices served indicates the extent of the remedial work carried out during the year. The mushroom growth of the town was responsible for much "Jerry" building in the earlier years, and the amount of repairs to-day is but a legacy of this type of building. Slum property does not exist in the sense of the term as applied in larger and older areas, but the result of bad construction is certainly a very serious matter from the owners' standpoint.

It is a notorious fact that from an investment point of view the ownership of cottage property is not a sound one, and this is particularly the case where overcrowding exists to any extent. Houses that were intended for one family are now occupied by two, three and even four families and the result is that every room in the house is subject to considerably more wear and tear than is reasonable.

Three important facts bear largely upon the condition of cottage property. They are these:—

1. Bad management by owners and agents of cottage property.
2. Wilful acts of waste or negligence by occupiers.
3. Difficulty in securing from tenants payment of rent.

It cannot be said to be the function of the Local Authority to take into account the amount of outstanding arrears of rent; nevertheless officials cannot disregard this factor in any demand for remedial work. Generally speaking, cottage properties are owned by persons of the artisan class who by dint of saving and struggling have accumulated sufficient to purchase a few houses in the hope that when necessity arises they have something to fall back upon. The experience of many owners is that the return from cottage property is practically negligible. Considerable expense, however, could be saved by many owners if more definite and intensive supervision were exercised over properties. Owners and agents rarely make any effort to deal with remedial work as it arises. Repairs would certainly cost very much less if dealt with when necessary, rather than allowing premises to become hopelessly out of repair before attempting to deal with the matter. Repairs are generally allowed to accumulate until the time arrives when the cost of carrying them out is almost prohibitive.

The problem of getting remedial work carried out is becoming exceedingly difficult. Trade depression has resulted in large arrears of rent accumulating and many owners are not in a position financially to carry out very necessary repairs. Negligence and wanton destruction by tenants are frequently met with. Little care is taken in keeping drains clear and owners are often called upon to unchoke and open out drains due to acts of neglect or thoughtlessness on the part of occupiers. One common defect met with is paving, either in yards, sculleries or kitchens, and this type of defect can be said to be due in the majority of cases to the chopping of firewood. These acts of neglect can be multiplied, and until a more serious view is taken of estate management such acts are likely to continue.

SHOPS ACTS.

Closing Orders are in force in connection with the following trades:—

1. Butchers and Pork Butchers.
2. Hairdressers.
3. Milliners and Drapers.
4. Chemists.

Day and night visits have been made with a view to enforcing the provisions of the Shops Acts. It has been pointed out in previous reports that there are probably no statutes that contain so many anomalies or are so difficult of effective working as the Shops Acts. The consolidation of all legislation dealing with shop hours and the employment of young persons and the abolition of many of the present exceptions from the provisions of the Shops Acts, require urgent and definite consideration.

The existence of a statute that permits young persons under the age of 18 years to work 74 hours per week is so obviously out of line with the lesser hours demanded by adult workers, that new statutes in this connection are long overdue.

Generally speaking, the cost entailed in carrying out the various duties under the Shops Acts with some measure of efficiency is out of all proportion to the results.

During the year 1925 proceedings were taken in eight cases and 97 warnings issued. Fines amounting to six pounds were inflicted.

NOTIFIABLE DISEASES.

Five hundred and seven cases of notifiable diseases have been reported during the year, as compared with five hundred and eighty-seven for the year 1924. Of these cases, two hundred and one were removed to Hospitals, and the rest treated at home.

A complete tabulated statement of all notifiable diseases occurring during the year is contained in another part of this report.

DISINFECTION.

During the year three hundred and thirty-four premises were disinfected, also a quantity of bedding and clothing.

In connection with the establishment of a Cleansing Station at the Health Centre a high-pressure disinfector has been installed and all infected clothing in the district will in future be removed to this Centre instead of to the Infectious Diseases Hospital as was formerly the case. It must be borne in mind that whilst the establishment of up-to-date methods in Infectious Diseases prevention are at the outset costly, they are bound to result ultimately in a considerable saving of public money.

DRAIN TESTING.

Drains are tested upon complaint or application, and it has also been the practice during the year to test all drains in premises where Diphtheria occurred. In this connection, one hundred and fifty-three drains were tested and where defects were discovered the necessary remedial work was carried out.

Section 113 of the Barry Urban District Council Act, 1913, provides:—

1. It shall not be lawful for any persons to repair any drain communicating with any sewer of the Council without giving notice to the Council, or the Surveyor or any authorised Officer of the Council twenty-four hours' notice in writing of his intention to do so except in case of emergency, and in that case it shall not be lawful for any person to cover over the drain without giving the like notice of his intention to do so.

In this connection four hundred and sixty re-tests after repairs were made during the year.

TABLE XXXI.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—Inspection of Factories, Workshops and Workplaces. Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (including Factory Laundries)... ...	82	10	—
Workshops (Including Workshop Laundries) ...	350	49	—
Workplaces (other than Outworkers' premises) ...	10	1	—
Total	442	60	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were Instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts:—				
Want of cleanliness	49	49	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	9	9	—	—
Sanitary accommodation } insufficient... ...	—	—	—	—
Sanitary accommodation } unsuitable or defective	2	2	—	—
Sanitary accommodation } not separate for sexes ...	—	—	—	—
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bakehouse (s.101)	—	—	—	—
Other offences... ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	—	—	—	—
Total	60	60	—	—

COMMON LODGING HOUSES.

There are four Common Lodging Houses in the District, registered to accommodate two hundred and ten persons. This accommodation is in excess of the demand. No case of Infectious Disease has been reported in these houses for over thirty-six years.

INSPECTION OF FOODS.

1. MEAT INSPECTION. (*a*) Public Abattoir—

During the year the Meat Inspector has condemned as unfit for food at the Public Abattoir, and caused to be either burned or sterilised the folowing:—

Tuberculous Meat	5,805 lbs.
Other Diseases	2,376 lbs.
Total	8,181 lbs.

The total shows an increase of 795 lbs. as compared with 1924. Twenty-seven carcases have been condemned as suffering from Tuberculosis. There has been an increase in the amount of meat condemned affected with Tuberculosis, viz.: 586 lbs. above the quantity destroyed in 1924. There was also an increase of 209 lbs in the amount of condemned meat affected with disease other than Tuberculosis, as compared with the previous year.

The number of animals killed at the Public Abattoir is as follows:—

Beasts	1,315
Sheep	8,221
Calves	303
Pigs	3,941
Total	13,780

Bye-Laws have been made by the Barry Urban District Council in pursuance of section 169 of the Public Health Act 1875, and section 129 of the Barry Urban District Council Act, 1913, with respect to Slaughterhouses provided by the Council.

(*b*) Butchers' Premises—

The meat inspection in the Butchers' shops is carried out by your Sanitary Inspectors and during the year 438 lbs. of unfit meat was destroyed.

The regulations dealing with the control of Meat Traders' premises have been carried out and the suggestions offered to Meat Traders generally observed. Here again the lack of uniformity in administration in the districts of Local Authorities is to be deplored, especially regarding the sale of meat behind glass windows. In 1921 the National Federation of Meat Traders—in giving evidence before theDepartmental Committee dealing with the question of Meat Inspection—was emphatic in its opinion that the only satisfactory method of exposing meat for sale was behind glass windows. The substitution of plate glass for the ordinary shutter windows necessarily means the provision of effective ventilation and it can be taken for granted that the best and most attractive types of shops are those provided with plate-glass fronts. Enquiries have been made as to the keeping quality of meat in such shops and it has invariably been the experience that the conditions are ideal.

2. Milk Supply.—The milk supply of the district is drawn chiefly from the adjoining rural districts and very little factory milk is imported. One great difficulty is the lack of uniform control over production. Authorities in different districts view the problem from different angles—the Authorities of the rural districts from the angle of the producer and the Authorities of the populous and industrial areas from that of the consumer. Regulations must be brought into force that will secure more uniform administration and contain provisions that will be the means of securing a clean and wholesome supply of milk.

The distribution of milk also needs more stringent control, and the filthy practice of bottling milk in the streets made a punishable offence. At the present time the bottling of milk—except in graded milk—is a farce. The system conveys to the consumer the idea that the milk is an article superior to that retailed in the usual way by means of delivery and serving cans, whereas there is nothing to choose between the systems, in fact there is more liability to contamination.

The selling of milk in small shops also requires more definite legislation. It is certainly undesirable to permit the sale of milk in small general shops where articles liable to taint or contaminate the milk by dust are sold. During the year five retailers have been removed from the register on the grounds mentioned.

There are no persons within the area selling designated milk but there is no doubt that several producers could with little expense secure the necessary Grade A certificate.

In industrial areas it is quite useless to place Certified or Grade A. (Tuberculin Tested) milk upon the market. The price—ofttimes twice the retail price of ungraded milk—is beyond the reach of the majority of workers and we have therefore no alternative but to aim at securing a milk approximating Grade A standard at a reasonable cost.

3. Other Foods.—(*a*) Periodical visits have been made to grocers' and provision dealers' premises, fish, fruit and vegetable shops, fish friers' premises and to premises where various foods are prepared for sale. These premises were generally found to be kept in a very satisfactory condition and the amount of foodstuffs surrendered or seized was small.

(*b*) Steps have been taken to have the trade of Fish Frier declared an Offensive Trade. This will prevent the indiscriminate establishment of this class of trade and will enable the local Authority to declare where such trades shall be established.

Manufacture and Sale of Ice-Cream.—The manufacture and sale of ice-cream received considerable attention during the year.

The Barry Urban District Council Act 1913 provides that:—

1. Any person being a manufacturer or vendor of or merchant or dealer in ice-cream or other similar commodity who—

(*a*) Causes or permits ice-cream or other similar commodity or any materials used in the manufacture thereof to be manufactured sold or stored in any sleeping room, or in any room, cellar or place which is in a condition likely to render such commodity injurious to health or in which there is an inlet or opening to a drain; or

(*b*) In the manufacture, sale or storage of such commodity does any act or thing likely to expose such commodity to infection or contamination or omits to take proper precaution for the due protection of such commodity from infection or contamination; . . . . . shall be liable to a penalty not exceeding forty shillings.

The general conditions under which the ice-cream was manufactured and stored, the conditions of conveyances and of utensils used in distribution were thoroughly enquired into and as a result of such supervision, considerable improvement was noted. Further legislation is urgently needed in connection with this trade and amongst other necessary provisions, registration of all dealers and vendors should be provided for.

TENTS, VANS AND SHEDS.

Very little difficulty was experienced during the year in dealing with tents and vans, and the number has considerably decreased as compared with former years. The tents and vans at present occupied are situated on the outskirts of the town and are supplied with an efficient water supply and suitable sanitary conveniences.

SCHOOLS.

The sanitary conveniences at the various schools have been frequently examined and found satisfactory.

COWSHEDS AND DAIRIES.

There are one hundred and eight registered cowkeepers and milksellers within the Council's area, and generally speaking these were found to be kept in a satisfactory condition. The provisions of the Council's Regulations have been enforced but difficulty has been experienced in the enforcement of alteration to certain cowsheds owing to the fact that in many cases the land upon which the sheds are built will probably be required for building purposes in the immediate future, and the occupiers are therefore only holding the land on short notice tenancies.

SEAMEN'S LODGING HOUSES.

There are ninety-six licensed seamen's lodging houses in the town, licensed to accommodate 566 seamen. The accommodation is in excess of the demand, and the growing tendency amongst sailors is to lodge in the houses licensed for one or two men rather than in the larger houses. Generally speaking however the larger houses are the best kept and regulated.

The houses are kept in a good sanitary condition and with the exception of occasional breaches, the bye-laws were found to be observed.

During the year proceedings were taken against 8 persons for illegally lodging seamen and fines amounting to £12 10 0 inflicted.

RAT DISINFESTATION.

The following is a summary of the work carried out during the year by the Rat Catcher:—

Number of visits and re-visits to premises	1,347
Number of baits laid	2,547
Number of baits taken up	2,225
Dead rats taken up	1,458
Traps laid	59
Used traps and Ferret	50
Used Gas Machine...	4
Premises declared free	181

The above particulars do not include work carried out by Rat Catcher within the area of the Port Sanitary Authority.

SUMMARY OF THE SANITARY WORK CARRIED OUT DURING THE YEAR 1925.

TABLE XXXII.

	No. on Register	No. on Inscriptions.	No. of Nuisances & Defects discovered.	No. of Notices	No. of Re-visits.
REGISTERED PREMISES—					
Common Lodging Houses... ...	4	48	1	1	5
Seamen's Lodging Houses... ...	96	960	15	15	75
Cowsheds	23	184	20	20	89
Dairies & Milkshops	85	340	25	25	81
Bakehouses... ...	35	81	18	18	54
Workshops	230	910	51	51	102
Total	473	2,523	130	130	406
OTHER PREMISES—					
House Inspection ...		2,559	977	977	3,378
Testing of Drains ...		460	(included	above)	970
Schools and Public Buildings		110	10	10	25
Tents and Vans ...		263	16	16	40
Lanes and Dumps ...		121	—	—	—
Total		3,513	1,003	1,003	4,413
INSPECTION OF MEAT, FOODS, &c.—					
Butchers' premises ...		860	10	10	31
Grocers' & Provision shops		570	15	15	45
Fish & Fruit premises		463	28	28	84
Fish Friers' premises		120	20	20	60
Premises where Ice-cream is manufactured and sold ...		260	50	50	150
Total		2,273	123	123	370
GRAND TOTAL ...		8,309	1,256	1,256	5,189

Prevalence of, and Control over, Infectious Diseases.

(*a*) NOTIFIABLE DISEASES.

Small Pox.—On one occasion during the last five years small-pox gained admission to the town. Four cases occurred in 1922, and resulted in the death of an unvaccinated child of four years of age. This outbreak was reported in detail in the Annual Report of 1922, and commented upon in the part of this report dealing with "Causes of Sickness."

Scarlet Fever.—During the year the prevalence of this disease increased, 150 cases being recorded as compared with 61 for 1924. The death-rate was 0.4 per 10,000 population, compared with 0.00 for 1924, 108 cases were removed to hospital compared with 34 for 1924. During 1921 to 1925 the average yearly number of cases was 95 and the death-rate was 0·1 per 10,000 population.

Diphtheria.—The prevalence of this disease diminished during the year, there being 99 cases as compared with 119 in 1924. The number of cases removed to hospital was 84 compared with 90 for the previous year. The death-rate was 1.2 per 10,000 population, as against 2.4 per 10,000 population for last year. For the survey period, the annual average number of cases was 111 and the death-rate was 1.7 per 10,000 population.

The undue incidence of diphtheria in the Barry Island district during the years 1922 and 1923 has been dealt with in detail in the Annual Report for these years, and commented upon in the earlier part of this issue.

In accordance with Memo. 68 Med. of the Ministry of Health, concentrated anti-diphtheritic serum (8,000 units) is supplied to medical practitioners for use in necessitous cases.

Opportunity has not presented itself to make use of the Schick or Dick toxin tests or of artificial methods of immunization against Scarlet Fever or Diphtheria.

Enteric Fever.—Three cases were reported and no deaths, as compared with 4 cases and one death for 1924. The annual average for the five years under consideration was 7 cases and 1 death.

Puerperal Fever.—During 1925, there were 2 cases of puerperal fever, with 2 deaths, the average annual numbers of cases and deaths during the period under survey being 1.2 and 1 respectively. This disease has been referred to previously under the section of this report dealing with maternal mortality.

Pneumonia.—Sixty cases of Pneumonia (all forms) were notified during the year, compared with one hundred and seven for 1924. The death-rate from this disease was 1.08 per 1,000 population as compared with 1.074 for 1924. The annual average numbers of cases and deaths for the years 1921 to 1925 being 90 and 41 respectively.

Erysipelas.—The disease showed an increase during the year, 16 cases having been reported, as against 11 during the preceding year and an annual average of 13.2 during the survey period.

Malaria.—Seven cases were reported and no deaths. In all cases the disease was contracted abroad. The annual average numbers of cases and deaths for 1921 to 1925 were 8 and 0.4 respectively.

Dysentery.—One case was notified during the year. The disease was contracted abroad.

Encephalitis Lethargica.—Two cases were reported during 1925.

Ophthalmia Neonatorum.—This disease has already been referred to under the section of the report dealing with maternity and child welfare work.

Chicken Pox.—Seventy-four cases were reported, against 192 for the preceding year. There were no deaths.

This disease has been made compulsorily notifiable in the area, as a precautionary against the introduction of an outbreak of small-pox into the town through the Port of Barry.

Tuberculosis.—This disease has been dealt with separately earlier in the report.

Table XXXIII shows the classification of all the Notifiable Diseases in age groups, wards and deaths according to ages.

In Table XXXIV appears the morbidity and deaths from infectious diseases (excluding tuberculosis) for the years 1921 to 1925.

(*b*) NON-NOTIFIABLE DISEASES.

Measles.—This disease ceased to be compulsorily notifiable in 1919, but a large proportion of the cases are brought to the notice of the Public Health Service by the visits of the health officials aand attendance officers of the Education Department to the homes of the children. The following-up of such cases by the inspectors and health visitors brings to light many cases in children under school age. During the year on account of the prevalence of this disease it was necessary to close certain infants' departments of the local elementary schools as mentioned in the section dealing with "Infectious Diseases" in the School Medical Officer's Report.

Fourteen deaths were reported in 1925 and five in 1923. The annual average number of deaths for the five years was nearly 4.

Whooping Cough.—This disease is brought to the notice of the department through the same sources as other non-notifiable diseases. Five deaths were reported as against one in the preceding year, and the annual average of deaths for the five years was nearly 4.

Influenza.—This disease is not compulsorily notifiable, apart from influenzal pneumonia. Influenza was registered as the cause of 9 deaths in 1925. In the years 1924 and 1922 the disease had assumed epidemic prevalence and 23 deaths were reported in each of these years.

Disinfecting and Cleansing Station.—A new disinfecting and cleansing station has been provided near the Public Health Office. It will serve for Port as well as District work.

TABLE XXXIII.

3. NOTIFIABLE DISEASES DURING THE YEAR.

DISEASES.	Number of cases Notified.													Cases removed to Hospital.	Number of Cases Notified in each Ward.							Deaths.											
	At all Ages.	Under 1 year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 Years and Upwards.		Cadoxton Ward.	Casteland Ward.	Court Ward.	Holton Ward.	High Street Ward.	Park Ward.	Dock Ward.	At all ages.	Under 1 year.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.	65 years and Upwards.
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	150	1	2	7	11	15	72	25	12	5	—	—	—	108	23	29	34	28	5	8	23	2	—	—	—	—	1	1	—	—	—	—	—	—
Diphtheria ...	99	—	2	2	9	10	44	26	—	5	1	—	—	84	17	9	27	16	9	2	19	5	1	—	1	—	2	1	—	—	—	—	—	—
Enteric Fever ...	3	—	—	—	—	—	1	1	—	1	—	—	—	2	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ...	16	—	—	—	—	—	—	—	—	3	5	7	1	—	2	2	3	4	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ...	60	6	9	5	5	5	9	3	2	4	3	7	2	1	6	13	18	10	1	—	12	44	11	7	4	2	2	3	—	1	1	4	6	3
Chickenpox ...	74	7	2	5	6	9	40	4	1	—	—	—	—	—	22	3	10	9	14	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	7	—	—	—	—	—	—	—	—	6	1	—	—	—	—	3	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery... ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia-Neonatorum ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary T.B. (Male)	34	—	—	2	—	—	1	1	3	13	4	9	1	3	4	6	7	6	2	3	6	23	—	—	1	1	—	—	1	3	6	5	5	1
Pulmonary T.B. (Fem.)	30	—	—	—	—	—	3	5	5	10	3	2	2	2	12	2	2	4	3	5	2	17	—	—	—	—	1	—	2	2	8	2	2	—
Other Forms T.B. (Male)	13	1	—	1	—	—	2	3	3	2	—	—	1	1	3	—	2	3	2	2	1	4	—	1	—	—	—	—	—	1	2	—	—	—
Other Forms T.B. (Fem.)	14	—	—	2	1	—	2	3	2	4	—	—	—	—	1	1	4	3	1	1	3	3	—	—	—	—	—	1	—	1	—	1	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	2	—	—	—	—	—	—	—	1	—	—	1	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	507	17	15	24	32	39	174	71	29	56	17	26	7	201	91	69	110	87	40	31	79	98	12	8	6	3	6	6	3	8	17	12	13	4

MORBIDITY AND MORTALITY OF INFECTIOUS DISEASES (OTHER THAN TUBERCULOSIS)

YEARS 1921 TO 1925.

TABLE XXXIV.

DISEASE.		1925	1924	1923	1922	1921	Annual Average 1921 to 1925
A. NOTIFIABLE.							
Small Pox	No. of Cases	0	0	0	4	0	0.8
	No. Removed to Hospital	0	0	0	4	0	0.8
	No. of Deaths	0	0	0	1	0	0.2
	Death rate per 10,000 popul'n	0	0	0	0.2	0	0.04
	Case Mortality per cent.	0	0	0	25	0	5
Scarlet Fever	No. of Cases	150	61	102	69	94	95
	No. removed to Hospital	108	34	69	43	43	59
	No. of Deaths	2	0	0	0	0	0.4
	Death-rate per 10,000 popul'n	0.5	0	0	0	0	0.1
	Case Mortality per cent.	1.3	0	0	0	0	0.26
Diphtheria	No. of Cases	99	119	122	139	78	111
	No. removed to Hospital	84	90	98	87	39	80
	No. of Deaths	5	10	12	5	2	7
	Death-rate per 10,000 popul'n	1.2	2.5	3.0	1.2	0.5	1.7
	Case Mortality per cent	5.0	8.4	9.8	3.6	2.6	5.9
Enteric Fever	No. of Cases	3	4	3	6	21	7
	No. removed to Hospital	2	1	1	1	9	3
	No. of Deaths	0	1	4	0	1	1
	Death-rate per 10,000 popul'n	0	0.2	1.0	0	0.2	0.3
	Case Mortality per cent.	0	25	*100	0	4.8	26
Puerperal Fever	No. of Cases	2	0	0	3	1	1.2
	No of Deaths	2	0	*1	1	1	1.0
Pneumonia	No. of Cases	60	107	175	100	9	90.2
	No. of Deaths	44	43	45	49	*24	41
Erysipelas	No. of Cases	16	11	19	10	10	13.2
	No. of Deaths	0	0	0	0	0	0
Malaria	No. of Cases	7	10	18	3	2	8
	No. of Deaths	0	0	0	0	2	0.4
Dysentery	No. of Cases	1	2	1	0	0	0.8
	No. of Deaths	0	0	0	0	0	0
Acute Poliomyelitis	No. of Cases	0	3	1	0	0	0.8
	No. of Deaths	0	0	0	0	0	0
Encephalitis Lethargica	No. of Cases	2	1	0	0	0	0.6
	No. of Deaths	0	0	0	0	0	0
Trench Fever	No. of Cases	0	0	1	0	0	0.2
	No. of Deaths	0	0	0	0	0	0
Ophthalmia Neonatorum	No. of Cases	2	5	12	6	8	6
Chicken Pox	No. of Cases	74	192	38	29	93	85.2
	No. of Deaths	0	0	0	0	0	0
B. Non-Notifiable							
Measles	No. of Deaths	14	0	5	0	0	3.8
Whooping Cough	No. of Deaths	5	1	1	9	2	3.6
Influenza	No. of Deaths	9	23	6	23	6	13.4

*Denotes no notification received in certain cases.

METEOROLOGICAL RECORDS, 1925.

TABLE XXXV.

Months.	Sunshine.			Rainfall.	
	Hours.	Maximum.	Days with no sun.	Inches.	Rain days.
January	39.8	6.5	14	3.65	21
February	92.7	9.3	4	5.15	23
March	118.2	9.5	5	0.31	8
April	181.2	11	3	2.04	16
May	179.3	12.5	2	4.33	21
June	321.1	14.2	—	0.02	1
July	204.7	12.6	—	4.07	18
August	171	11.8	3	5.99	20
September	144.1	9.5	3	4.9	18
October	106.5	8.7	6	5.6	16
November	96.8	7.4	6	2.52	9
December	64.7	6.1	9	4.27	20
Totals	1,720.1	—	55	42.85	191

SURVEY OF SUNSHINE AND RAINFALL. YEARS 1921 TO 1925.

TABLE XXXVI.

Year.	Sunshine.			Rainfall.	
	Hours.	Maximum in One Month.	Days with no Sun.	Inches.	Rain Days.
1925	1,720.1	14.2 (June)	55	42.85	191
1924	1,463.9	14.1 (July)	67	49.96	196
1923	1,518.2	13.1 (July)	58	37.82	217
1922	1,559.1	14.2 (June)	68	36.84	188
1921	1,812.4	14.3 (June)	61	22.87	144
Average 1921 to 1925	1,614.7	—	62	38.06	187

Barry Port Sanitary Authority.

CHAIRMAN:
MR. T. EVANS, J.P.

VICE-CHAIRMAN:
MR. W. BECK.

MEMBERS:
ALL THE MEMBERS OF THE URBAN DISTRICT COUNCIL.

CLERK TO THE AUTHORITY:
MR. T. B. TORDOFF.

Health Committee;

Dr. P. J. O'DONNELL, J.P. (Chairman).
Mrs. B. A. LEWIS.
Mr. B. CARPENTER.
Mr. T. EVANS, J.P.
Mr. D. T. HOWE.
Mr. A. J. HOPKIN.
Mr. E. T. LAWRENCE.
Dr. E. E. OWENS, M.C.
Mr. A. OWEN.
Mr. E. E. J. WILLIAMS.

Staff of Port Sanitary Authority:

PORT MEDICAL OFFICER OF HEALTH:
PERCY W. KENT, M.R.C.S., L.R.C.P., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH:
ERNEST I. DAVIES, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H. (Wales).

CHIEF PORT SANITARY INSPECTOR:
D*X CHARLES HOCKLEY.

ASSISTANT INSPECTORS:
*X J. H. LEWIS.
C J. T. EVANS.
W. J. HOPKINS.

RAT CATCHER.
J. DAVIES.

X Holds the Sanitary Inspector's Certificate granted by the Royal Sanitary Institute.

* Holds the Meat Inspector's Certificate granted by the Royal Sanitary Institute.

D Holds Diploma of the Sanitary Inspector's Association.

C Holds the Sanitary Inspector's Certificate granted by the Sanitary Inspectors' Association Examination Board.

Barry Port Sanitary Authority.

PUBLIC HEALTH SERVICE,
BARRY.

To the Chairman and Members of the Port Sanitary Authority.

MRS. LEWIS AND GENTLEMEN,

I have pleasure in presenting my Annual Report for the year 1925.

I have to tender my thanks to the Officers of H.M. Customs, Officers of the Board of Trade, Dock Officials of the Great Western Railway and Police, for their valuable co-operation and assistance.

I have the honour to be,

Your obedient servant,

PERCY W. KENT,

March, 1926. Port Medical Officer of Health.

PORT OF BARRY.

The Barry Docks consist of three docks, situated on the North side of the Bristol Channel about nine miles South West of Cardiff.

The Docks possess great advantages in having the entrances in a good position, and close to deep water.

By means of the low water entrance (Lady Windsor Lock) ships can enter and leave the Docks at almost any state of the tide.

The total area of the wet docks is 114 acres, and the whole of the docks are well equipped for ships of heavy tonnage.

The figures here given indicate the nature and amount of trade done.

The Imports and Exports for the years 1924 and 1925 are as follows:—

	1924.	1925.
IMPORTS.		
Timber and Deals	17,684 tons	10,578 tons
Pitwood and Mining Timber	316,748 ,,	235,203 ,,
Grain and Flour	113,408 ,,	76,102 ,,
Oil	785 ,,	165 ,,
General Merchandise	6,721 ,,	16,617 ,,
Building Sand	9,878 ,,	15,917 ,,
Ballast	3,723 ,,	250 ,,
Total Imports	468,947 tons.	354,832 tons.
EXPORTS.		
Coal and Coke	9,052,443 tons.	7,155,805 tons.
Tinplates	3,342 ,,	1,849 ,,
Cement	42,409 ,,	57,533 ,,
Grain and Flour	16,834 ,,	15,334 ,,
Oil	826 ,,	221 ,,
General Merchandise	24,228 ,,	21,806 ,,
Ballast	98 ,,	—
Patent Fuel	—	926 ,,
Iron and Steel Rails and Ironwork	—	294 ,,
Total Exports	9,140,180 tons.	7,253,768 tons.
Total Imports and Exports	9,608,342 tons.	7,608,600 tons.

Sanitary Control of Ships in the Port of Barry.

MASTERS OF VESSELS ARRIVING IN THE PORT OF BARRY ARE ISSUED WITH THE UNDERMENTIONED PRINTED INSTRUCTIONS:—

1.—All vessels arriving at the Port of Barry, and lying in the said Port are subject to the sanitary control of the Port Medical Officer of Health or his Officials.

2.—Every Master and other person in charge of a ship arriving in the Port of Barry with any person on board suffering from any notifiable disease or sickness are not allowed to leave the vessel before having been examined by the Port Medical Officer of Health.

3.—Notice is to be given at once of every case of notifiable disease or any illness arising on board whilst lying in this Port to the Port Medical Officer.

4.—Special care must be taken to report every case of disease or death which happened on board during the voyage.

5.—Vessels carrying the yellow flag by day, or light by night, are not allowed to have any communication whatever with other vessels or persons from the shore.

6.—In accordance with the provisions of the Public Health Acts, it is required that all Water Closets or Privies on Ships, shall at all times while in Port, be kept free from nuisance, and all living spaces in a sanitary condition.

7.—Attention is urgently directed to nuisances on Ships arising from accumulation of refuse on deck. Notice is hereby given to Officers in charge of vessels that all animal and vegetable refuse must be burnt; but if this is impossible, it must be disposed of in such a manner as to avoid a nuisance. Masters of vessels before entering Barry Docks must have their decks cleared of all offensive refuse.

8.—Masters and Officers failing to comply with the above regulations shall be liable to a heavy penalty in accordance with the provisions of the Public Health Acts and Regulations of the Ministry of Health.

CHOLERA.

No case of Cholera was brought to Barry during 1925.

PLAGUE.

No cases of Plague, either human or rodent, were imported into or occurred in the Port of Barry during the year.

HOSPITAL ACCOMMODATION.

Arrangements have been made with the Cardiff Port Sanitary Authority for isolating persons suffering from Cholera, Yellow Fever, or Plague on board ships. The expenses of the buildings and upkeep of the hospital are jointly borne with Cardiff. The Provision is for 16 beds, in addition to the apartments and offices for attendants. The island is 40 acres in extent, and about 4 miles distant from the mainland, and is situated near the Mooring Station appointed for infected vessels bound for Barry Docks. This cannot be considered satisfactory, owing to it being found impossible to land on the Flat Holms when the weather is bad.

INFECTIOUS DISEASES.

The Regulations of the Ministry of Health relating to Infectious Disease, which came into operation on August 1st, 1920, cited as the Port Sanitary Authorities (Infectious Diseases) Regulations, 1920, have been observed.

Particular attention has been given to vessels on which cases of Infectious Diseases have been notified during the year.

The crews' living spaces of twelve vessels were disinfected where disease had occurred while at sea.

The following tables give particulars of the cases reported on vessels while in dock, and the precautions taken to prevent the spread of disease.

TABLE I.

CHOLERA.

Date. 1925.	Name of Vessel.	Where from.	No. of Cases.	Remarks.
June 22nd ...	S.S. Lepaulo ...	Genoa	1	J.R., 38 yrs. Chief Officer. Master reported that on April 24th the Chief Officer was suspected to be suffering from Cholera. The crew were examined and the vessel disinfected at Barry. No further case of sickness occurred. The water tanks had been emptied and cleansed at Genoa.

TABLE II.

SMALL POX.

June 14th ...	S.S. Gileston ...	Algiers	1	S.M., 29 yrs. Fireman. Vessel arrived at Barry on June 8th. Master reported all well on arrival. On June 14th, information received from Cardiff Port Sanitary Authority to the effect that an Arab fireman had been removed to Hospital from a Seamen's Lodging House at Cardiff, and was subsequently diagnosed as suffering from Small Pox. All members of crew were vaccinated or re-vaccinated, and disinfection of vessel carried out. Daily visitation and examination of contacts. Vessel sailed for Malta on June 17th, no further cases occurred.

TABLE III.

DIPHTHERIA.

Date. 1925.	Name of Vessel.	Where from.	No. of Cases.	Remarks.
August 14th ...	S.S. Starlight ...	Liverpool	1	R.P., 35 yrs. Third Engineer. On arrival, Master reported that the 3rd engineer suffering from diphtheria had been removed to Hospital at Braila. He died in Hospital, and cause of death being the breaking of a blood vessel after operation.

TABLE IV.

ENTERIC FEVER.

July 10th. ...	S.S. Hydra ...	Hamburg	1	P.C., 32 yrs. A.B. Patient removed to Infectious Diseases Hospital, Barry, as suspected case, but prove negative. Crew's quarters disinfected, no further cases, and vessel sailed for Piraeus July 11th.
July 12th ...	S.S. Grelwen ...	Hamburg ...	1	A.B. 17 yrs. apprentice. On arrival Master reported that an apprentice suffering from enteric fever had been removed to Hospital at Hamburg. Disinfection of quarters prior to vessel leaving Barry.
July 12th. ...	S.S. Yorkhill ...	Genoa ...	1	C.N., 28 yrs., A.B. Patient removed to Infectious Diseases Hospital, Barry, as suspected case, but proved negative. Disinfection of vessel, and samples of water taken from ship's tanks for analysis. Public Analyst's report satisfactory
July 2nd ...	S.S. P.L.M. 14 ...	Venice	1	L.L., 18 yrs., Fireman. Patient removed to Hamadryad Hospital, Cardiff on 3rd July. He was reported on the 17th July as suffering enteric fever. The vessel had been fumigated, and sailed for Newport News. U.S.A. on July 6th.

TABLE V.

PULMONARY TUBERCULOSIS.

Date, 1925.	Name of Vessel.	Where from.	No. of Cases.	Remarks.
March 15th ...	S.S. Trevose ...	Antwerp	1	T.D., 40 yrs. Fireman. Master reported that this man had been medically examined at Bahia Blanca and Antwerp, and prior to joining vessel had been in-patient at Hamadryad Hospital, Cardiff. Quarters disinfected on 16th March.
April 10th ...	S.S. Baron Polwarth,	Leith	3	A.K., 25 yrs. Fireman A.R., 22 yrs. do. H.S. 27 yrs. do. } Medical treatment on board. Returning to their homes in India.
April 20th ...	S.S. Lugano ...	Spezzia	1	B.M., 37 yrs. Fireman. Medical treatment on board. Returning to his home in Italy.
August 7th ...	S.S. Gavy ...	Bordeaux	1	G.C. 24 yrs. Fireman. Removed to Hospital, Cardiff, on discharge, returned to his home in France.
August 11th ...	S.S. Treworlas ...	London	1	W.F., 49 yrs. Steward. On arrival, Master reported that the Steward had died at sea where he was buried. Cause of death, pulmonary tuberculosis. Quarters disinfected and repainted at Barry.

TABLE VI.

INFLUENZA AND PNEUMONIA.

Date, 1925.	Name of Vessel.	Where from	No. of Cases.	Remarks.
January 13th	S.S. Lesbain ...	Liverpool	1	W.G., 51 yrs. Fireman. Suffering from pneumonia. Medical treatment on board, then removed to Hamadryad Hospital, Cardiff.
February 18th	S.S. Ijsseldijk ...	Rotterdam ...	1	A.K., 19 yrs. A.B., suffering from influenza, medical treatment on board.
March 2nd ...	S.S. Valdieri ...	Antwerp	1	A.G. 36 yrs. Fireman, suffering from influenza, medical treatment on board.
May 2nd ...	S.S. Geir	Bordeaux	1	A.J., 20 yrs. A.B. Suffering from influenza, medical treatment on board.
May 16th ...	S.S. Helmsdale ...	Rosario, via Algiers	1	J.H. 36 yrs. Boatswain. Suffering from influenza, medical treatment on board.
July 10th ...	S.S. Bahia Blanca...	London ...	1	G.V. 20 yrs. A.B. Suffering from pneumonia, medical treatment on board.
August 5th	S.S. Eugenia ...	Villa Constitution ...	1	A.C. 30 years. A.B. Suffering from influenza, medical treatment on board.
August 6th ...	S.S. Johanna ...	Galatz	1	Y.K. 24 yrs. A.B. Suffering from influenza, medical treatment on board.
November 2nd	S.S. Gro.	Hamburg. ...	1	C.F. 38 yrs. Carpenter. Patient suffering from influenza, removed to Hamadryad Hospital, Cardiff.
October 31st ...	S.S. Petersham ...	Greenock	1	J.R. 50 yrs. Boatswain. Patient suffering from influenza, removed to Hamadryad Hospital, Cardiff.
November 22nd	S.S. Dorrington Court	Liverpool ...	1	A.F. 30 yrs. Fireman. Suffering from influenza, medical treatment on board.

TABLE VII.

MALARIA.

January 23rd...	S.S. Helgoy ...	Bordeaux ...	1	A.E. 40 yrs. A.B. Medical treatment at the Hamadryad Hospital, Cardiff.

TABLE VIII. VENEREAL DISEASES.

Date, 1925.	Name of Vessel.	Where from	No. of Cases.	Remarks.
January 13th	S.S. Nile ...	Hamburg	1	J.W. 28 yrs. Fireman. Medical treatment on board.
February 10th	S.S. T.M. Werner	London	1	A.N. 22 yrs. Referred for treatment to Clinic, Woodlands Road, Barry.
February 18th	S.S. Navasota ...	London	1	T.T. 31 yrs. A.B. Medical treatment on board.
February 28th	S.S. Arundale ...	Bremerhaven ...	1	B.T. 29 yrs., A.B. Referred for treatment to Clinic, Woodlands Road, Barry.
March 1st ...	S.S. Regina ...	Swansea	1	A.S. 22 yrs. Fireman. Medical treatment on board.
March 4th ...	S.S. Skauts ...	Bordeaux ...	2	M.M. 25 yrs, A.B. A.M. 25 yrs. Fireman. Referred for treatment to Clinic, Woodlands Road, Barry.
March 27th ...	S.S. Kangars ...	Liverpool ...	2	Z.K. 24 yrs. A.B. M.F. 29 yrs. A,B. Referred for treatment to Clinic, Woodlands Road, Barry.
April 25th ...	S.S. Truro City ...	Civita Vecchia ...	1	A.T. 32 yrs. Fireman. Referred for treatment to Clinic, Woodlands Road, Barry.

TABLE IX. MISCELLANEOUS DISEASES, ETC.

Appendicitis	...	4
Bronchitis	...	5
Cancer	...	1
Cardiac Disease	...	3 (1 death).
Colds	...	4
Constipation	...	3
Defective Speech	...	1
Dental Caries	...	2
Enlarged Glands	...	2
Fever (unknown origin) ...	...	3
Gastritis	...	5
Haemhorrhoids	...	2
Hernia	...	2
Injuries, Accidental ...	...	28 (1 death).
Neuralgia	...	1
Neurasthenia	...	1
Poisoning (Laudanum) ...	...	1 (death).
Otitis Media	...	1
Paralysis	...	2
Pleurisy	...	4
Quinsy	...	1
Rheumatism	...	4
Skin Diseases	...	5
Stomatitis	...	1
Tonsillitis	...	2
		88

RAT DESTRUCTION.

The Rats and Mice (Destruction) Act, 1919, which came into operation on January 1st, 1920, enables Port Sanitary Authorities to take effective measures for de-ratisation of vessels. The usefulness of this enactment is fully proved, and much practical service has been possible under its provision.

Systematic attention has been given to the work of clearing, as far as possible, rats and other vermin from vessels.

A supply of traps is kept for use upon ships whilst in port, also for service in Factories and Workshops around the docks. Rat guards are kept at the Port Sanitary Office, and are available for use on grain ships and other vessels requiring same when in harbour.

The Port Sanitary Authority has a competent Rat Catcher in its service. This officer has rendered most effective service, he has employed various methods, including poisons, traps, dogs and ferrets for destroying rats on ships. A tabulated statement, showing the methods in operation and the amount of work done during the year is given. It will be seen by the appended table that rat destruction was carried out on 59 ships 3,538 Rats being destroyed on same. 723 rats were caught on the docks and in the warehouses on the dockside. Messrs. Ranks Ltd. report 257 rats destroyed in the Atlantic Flour Mills making the total number of rats destroyed in the Port of Barry during the year 4,518.

Eleven Rats caught on three different ships were submitted for bacteriological examination and reported to show no evidence of B. Pestis. Of the 59 ships deratised, traps, poisons, and ferrets were used on fifty-one vessels, and 8 ships were fumigated throughout with Sulphur. The continuous activity of rat destruction on ships is appreciated by the Masters and Crew, who, whenever possible, render necessary assistance. Seven ships were examined on which no rats were found.

TABLE X. RAT DESTRUCTION ON SHIPS DURING 1925.

Date.	Vessel.	Nationality.	Where from.	No. of Rats.	How destroyed.
January 13 ...	S.S. Fotinia ...	British... ...	Buenos Ayres ...	225	Poison & traps.
,, 20 ...	S.S. Demetrios N. Boulgaris	Greek	Newport ...	30	,, ,,
February 2 ...	S.S. Caterina Gerolinich	Italian... ...	Karachi ...	32	,, ,,
,, 5 ...	S.S. Penrhos ...	British... ...	Bahia Blanca ...	81	,, ,,
,, 13 ...	S.S. Ijsseldijk ...	Dutch	Rotterdam ...	70	,, ,,
,, 13 ...	S.S. Yayoi Maru ...	Japan	Belfast ...	61	,, ,,
,, 23 ...	S.S. Grelcaldy ...	British ...	Rotterdam ...	82	,, ,,
,, 23 ...	S.S. Boyne ...	British ...	Karachi ...	120	Fumigation SO_2
,, 25 ...	S.S. Trevalgan ...	British ...	Antwerp ...	91	Poison & Traps.
March 3 ...	S.S. Harpon ...	Norwegian ...	Fredrikstad ...	75	,, ,,
,, 5 ...	S.S. Reading ...	British ...	Rotterdam ...	51	,, ,,
,, 10 ...	S.S. Cymric Pride	British ...	Buenos Ayres ...	None.	Fumigation SO_2
,, 11 ...	S.S. Aylestone ...	British... ...	Karachi ...	78	Poison & Traps.
,, 13 ...	S.S. Rubens ...	British ...	Limerick ...	108	,, ,,
,, 16 ...	S.S. Tregurno ...	British ...	Dunkirk ...	40	,, ,,
,, 16 ...	S.S. Trevose ...	British ...	Antwerp ...	53	,, ,,
,, 18 ...	S.S. Maria N. Roussos ...	Greek	Manchester ...	42	,, ,,
,, 20 ...	S.S. Boston Maru	Japan	Sydney ...	48	,, ,,
,, 24 ...	S.S. General Lukin	British ...	New York ...	None.	Fumigation SO_2
,, 25 ...	S.S. Lingfield ...	British ...	Dunkirk ...	108	Poison & Traps.
April 20 ...	S.S. Novington ...	British ...	Rotterdam ...	82	,, ,,
,, 20 ...	S S. Tideway ...	British ...	Buenos Ayres ...	66	,, ,,
May 1 ...	S.S. Hokkoh Maru	Japan	Dunkirk ...	45	,, ,,
,, 5 ...	S.S. Trevilley ...	British ...	Rotterdam ...	114	,, ,,
,, 11 ...	S.S. Breaksea Light ...	British ...	Rouen... ...	82	,, ,,
,, 21 ...	S.S. Vidovdan ...	Yugo Slav ...	Falmouth ...	52	,, ,,
,, 25 ...	S.S. Kifuku Maru...	Japan	Hull ...	43	,, ,,
June 18 ...	S.S. Pikepool ...	British ...	Newfoundland ...	44	,, ,,
,, 19 ...	S.S. Sirrah ...	Dutch ...	Rotterdam ...	72	,, ,,
,, 22 ...	S.S. P.L.M. 13 ...	French... ...	Genoa	None.	Fumigation SO_2
,, 25 ...	S.S. P.L.M. 16 ...	French... ...	Algiers ...	,,	,, ,,
,, 29 ...	S.S. P.L.M. 12 ...	French... ...	Venice... ...	None.	,, ,,
July 2 ...	S.S. Kohshun Maru	Japan	Rotterdam ...	42	Poison & Traps.
,, 3 ...	S.S. P.L.M. 14 ...	French... ...	Venice... ...	None.	Fumigation SO_2
,, 4 ...	S.S. Thomas Krag	Norwegian ...	Oxulosund ...	53	Poison & Traps.
,, 7 ...	S.S. Deansway ...	British ...	London ...	51	,, ,,
,, 8 ...	S.S. Westborough...	British ...	Rotterdam ...	54	,, ,,
,, 10 ...	S.S. Hadiotio ...	Greek	Falmouth ...	74	,, ,,
,, 15 ...	S.S. Grigorios ...	Greek	Norsens ...	41	,, ,,
,, 20 ...	S.S. Khartum ...	British ...	Havre	65	,, ,,
,, 20 ...	S.S. Thrasyvoulos	Greek	Braila	21	,, ,,
,, 22 ...	S.S. Cleanthis ...	Greek	Santos... ...	103	,, ,,
,, 22 ...	S.S. General Lukin	British ...	Cardiff... ...	None.	Fumigation SO_2
,, 31 ...	S.S. Grelwen ...	British ...	Hamburg ...	64	Poison & Traps.
August 28 ...	S.S. Loyal Devonian	British ...	Antilla ...	84	,, ,,
September 2 ...	S.S. Lord Londonderry ...	British ...	Rotterdam ...	95	,, ,,
,, 15 ...	S.S. Burdale ...	British ...	Rotterdam ...	65	,, ,,
,, 17 ...	S.S. Maersfield ...	British ...	Karachi ...	56	,, ,,
,, 21 ...	S.S. ChepstowCastle	British ...	Dublin ...	115	Fumigation SO_2
October 27 ...	S.S. Buranda ...	British ...	Rosario ...	72	Poison & Traps.
Nov. 4 ...	S.S. Pardo ...	British ...	River Plate ...	32	,, ,,
,, 5 ...	S.S. Briarwood ...	British ...	Buenos Ayres ...	56	,, ,,
,, 10 ...	S.S. Yaye Maru ...	Japan	New York ...	57	,, ,,
,, 17 ...	S.S. Greleden ...	British ...	Brake	53	,, ,,
,, 23 ...	S.S. Lamington ...	British ...	Yxipula ...	68	,, ,,
,, 24 ...	S.S. Trewellard ...	British ...	Oran	55	,, ,,
,, 25 ...	S.S. Westra ...	British ...	Genoa	61	,, ,,
Dec. 3 ...	S.S. Cragness ...	British ...	Rotterdam ...	40	,, ,,
,, 14 ...	S.S. Tiara ...	British ...	Rotterdam ...	66	,, ,,
	Total	... ...		3,538	

TABLE XI.

FORM B (MINISTRY OF HEALTH).

RATS DESTROYED IN 1925.

Number of Rats.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year.
Black Rats ...	323	334	540	278	352	218	543	282	286	107	340	170	3,763
Brown Rats ...	68	67	70	65	74	48	71	66	65	40	59	52	745
Rats examined	—	3	3	—	—	—	5	—	—	—	—	—	11
Rats infected with Plague	—	—	—	—	—	—	—	—	—	—	—	—	—
Rats not Infected	—	3	3	—	—	—	5	—	—	—	—	—	11

WATER SUPPLY.

Drinking water is supplied by the Great Western Railway Company for vessels using Barry Docks. Inspection was made of the wells, pumping stations and storage reservoirs. The wells are situate near the river Ely. The water varies in quality from time to time, several samples were taken for analysis, and reports show evidence of surface pollution during heavy rainfall. The storage reservoir is well situated and considerable care is taken to protect the water supply. The water would be safer and more reliable if passed through filter beds before distribution.

Forty-two samples of water were taken from the tanks of vessels arriving from foreign ports. Twenty of these samples were found to be satisfactory, nineteen of doubtful purity and three were reported to be contaminated. In each case where the water was found unsatisfactory, the tanks were emptied and cleansed before taking a fresh supply of water on board.

FACTORY AND WORKSHOPS INSPECTION.

The Port Sanitary Officers have made frequent inspection of all sanitary conveniences on the dock side. Nuisances discovered have been reported upon, and the persons responsible for same were requested to remedy all defects, and want of cleanliness where necessary. In four instances the attention of owners of Factories and Workshops were directed to the unsatisfactory type of sanitary conveniences provided for the use of workmen and improved facilities have been provided.

FOOD INSPECTION.

The Public Health (Unsound Food) and Foreign Meat Regulations have been carried out so far as their provisions relate to the Inspection of Food arriving by ship from home and foreign ports.

Considerable quantities of frozen and chilled meat have arrived by rail for storage and distribution and meat kept in Cold storage has been inspected. Two part cargoes of various food stuffs were imported during the year.

Records of imported foods are kept and the result of Inspections made of meat and other foods to which the regulations apply.

On July 20th, the S.S. Khartum arrived with part cargo of preserved meat, which was found to be in good condition.

One consignment of Tinned Fish was imported and found satisfactory.

During November the S.S. Khartum arrived from Zarate River Plate with a part cargo of Corned Beef, this was found to be in good condition.

Inspection was made of meat in cold storage, and 989 lbs. of meat which had been in store for a long time had become unfit for food. This unsound meat was destroyed.

Imported grain and flour amounted to 75,102 tons as compared with 113,408 tons for 1924. The grain and flour imports were of good quality. The Ministry of Health approved the appointment of the Chief Port Sanitary Inspector to act under the Unsound Food and Foreign Meat Regulations. This Officer holds the Meat and other Foods Certificates of the Royal Sanitary Institute.

TABLE XII.

PRECAUTIONS AGAINST PLAGUE.

FORM C. (MINISTRY OF HEALTH).

PARTICULARS RELATING TO VESSELS "INFECTED" OR "SUSPECTED," OR FROM INFECTED PORTS.

Name of Vessel	Date of Arrival.	Whether infected, suspected, or from an infected Port?	Methods of Rat Destruction employed.			Number of Rats killed.	Whether certificate of Deratisation was issued?	Remarks.
			Fumigation by Sulphur Dioxide.	Fumigation by Hydrocyanic Acid.	Trapping, poisoning, etc.			
1.	2.	3.	4.	5.	6.	7.	8.	9.
SS. PENRHOS ...	February 4th ...	Indirect from an Infected Port.	—	—	Trapping and Poisoning.	81	No.	From Bahia Blanca via Cardiff
S.S. BOYNE ...	February 4th ...	Indirect from an Infected Port.	Fumigation SO_2	—	—	120	Yes.	From Karachi via Middlesbrough.
S.S. AYLESTONE	March 11th ...	From an Infected Port.	—	—	Trapping and Poisoning.	78	No.	From Karachi.
S.S. CLEANTHIS	July 22nd ...	From an Infected Port.	—	—	Trapping and Poisoning.	103	No.	From Santos.

TABLE XIII.

FORM D. (MINISTRY OF HEALTH).

VESSELS (OTHER THAN THOSE DEALT WITH IN FORM C), SUBJECTED TO MEASURES OF RAT DESTRUCTION.

Number of Vessels fumigated by SO_2	Number of Rats killed.	Number of Vessels fumigated by HCN.	Number of Rats killed.	Number of Vessels on which trapping, poisoning, etc. were employed.	Number of Rats killed.	Number of Fumigation Certificates issued on Form "Port 10."	Number of other certificates issued.	Remarks.
1.	2.	3.	4.	5.	6.	7.	8.	9.
9	235	—	—	50	3,303	None.	9.	2 Certificates issued for Spanish Ports, and 7 certificates for American Ports.

FOREIGN ANIMALS ORDER 1910-1919.

The Orders prohibit the importation of animals into British home ports from scheduled ports and countries, and also provide for cleansing and disinfection of vessels on which animals are carried.

42 animals have been reported on board vessels, *i.e.*, 23 pigs, 11 Sheep and 8 Oxen. The number of dogs on vessels inspected during the year was 263.

The Chief Port Sanitary Inspector has been appointed under the Diseases of Animals Act, to carry out the Foreign Animals Order, 1910, and other orders of the Board of Agriculture and Fisheries. In all instances where animals have been found on board vessels, the regulations of the Foreign Animals Order have been enforced.

SHIPPING RETURNS.

The number of vessels arriving in Barry Docks during 1925 was 2,836 with a net registered tonnage of 3,329,502 compared with 3,367 with a net registered tonnage of 4,112,100 tons during 1924. The total imports and exports during the year amounted to 7,608,600 tons, as compared with 9,608,342 for the year 1924. The exports were principally Coal and Cement, in addition to these 21,806 tons of General Merchandise was exported. Imports consisted mainly of grain and timber. The imports amounted to 354,832 tons and the exports 7,253,768 tons.

INSPECTION OF SHIPPING.

Vessels are inspected under the provisions of the Public Health Act 1875, and other statutes. Section 110 of the Act of 1875, states that a ship when within the district of a local Authority, shall be dealt with as a house within the district.

The administrative duties of the Officers of a Port Sanitary Authority include many matters which have a distinct bearing on the health and comfort of the men who man our merchant vessels. The healthiness or otherwise of seafaring men is largely determined by the standard of sanitation prevailing on merchant ships.

The duties of Port Sanitary Officers, when inspecting ships include attention to cleanliness, lighting, ventilation, and the provision of stores or other suitable means of warming crews' living spaces: also the prevention of dampness and offensive effluvia in same.

Water Closets, Chain Lockers, Limbers, Bilges, Holds, and fore and aft peaks often require attention. Drinking water tanks and store rooms for provisions are also inspected, and orders given for cleansing same when necessary.

The tabulated particulars given in this report indicate the large amount of work devolving upon Port Sanitary Officers. A staff of four Inspectors are engaged in carrying out official Port Sanitary duties, and the sanitary inspection of shipping has been regularly and systematically carried out during the year.

Special visits have been made to vessels arriving from home ports, upon communications being received from Sanitary Officers of the various ports complaining of defects on board for which they had served notices.

The necessary cleansing and repairs have frequently been done at Barry, and notices complied with before the vessels proceeded to sea.

In accordance with the requirements of the Ministry of Health, a record is kept of all vessels inspected, and the results of such inspection. All defects are recorded, the attention of the Master or Officer in charge of any vessel is at once directed to the defects discovered, and the work required to be done.

The notices served for the abatement of nuisances during the year under review received due attention, and all notices were complied with at the time of making this report.

There is room for much improvement in the hygienic arrangement of crews' living spaces in the ordinary type of Merchant Vessels. Better provision could be made in many ships, and the health and well-being of the men concerned benefited. Barry being mainly a coal exporting port, the vessels using the docks are mainly what are known as tramp steamers, which require a considerable attention, if a reasonable standard of sanitary fitness is to be maintained.

The number of vessels inspected was 2,378 compared with 2,840 for 1924 a decrease of 462 for the past year. Three hundred and ninety-two were found with the living spaces or the sanitary conveniences in a more or less dirty or defective condition as compared with 436 for 1924. Two hundred and thirty-five written notices were served and 157 verbal orders were given to owners or officers in charge to remedy insanitary conditions. All orders issued were complied with and no Statutory Notices were served.

The number of seamen upon ships during 1925 was 50,306 as compared with 69,157 for 1924. A large number of vessels trading at Barry direct from foreign are from French ports, a considerable trade is carried on beween Italian, Spanish, German, Belgian, Mediterranean, and Scandinavian ports, and a few vessels arrive from North and South American ports. Vessels arrive from London, Liverpool and Hull that have discharged cargoes at these ports from India and China. Occasionally a steam ship arrives direct from Karachi or Bombay with grain.

The trade of Barry Docks is principally the exportation of Coal, and the importation of grain and pitwood.

The tables given show the amount and tonnage of Shipping, foreign and coastwise, trading at Barry Docks during 1925, and the sanitary inspection of same.

The difference in the number of coasting vessels entering the docks, and the number inspected is due to the steam sand barges and small motor craft which ply constantly during the year between Barry Docks and Barry and Cardiff Roads, also the pleasure passenger steamers which ply during the summer months. These vessels are recorded in the official Dock Shipping Returns and make a total 2,835 vessels for the year. These small coasting vessels do not require inspection on every occasion they enter the docks.

The following table shows the number of vessels inspected and the nationality of same.

TABLE XIV.

SHIPS INSPECTED DURING 1925.

	Motor and Steam.	Sail	Total
Argentine	2	—	2
American	1	—	1
British	1,379	26	1,405
Belgian	25	—	25
Dutch	36	—	36
Czecho-Slav.	1	—	1
French	332	—	332
Finnish	4	—	4
Greek	97	—	97
German	30	—	30
Hungarian	1	—	1
Italian	83	—	83
Japanese	11	—	11
Danish	35	—	35
Latvian	2	—	2
Norwegian	125	—	125
Peruvian	2	—	2
Portuguese	14	—	14
Roumanian	7	—	7
Spanish	104	—	104
Swedish	42	—	42
Jugo Slav	17	—	17
Totals	2,352	26	2,378

TABLE XV.

FORM A (Ministry of Health).—Amount of Shipping inspected during the year 1925.

	Number	Tonnage.	Number Inspected.		No. reported to be defective.	No. of Orders issued.
			By the Medical Officer of Health.	By the Sanitary Inspector.		
FOREIGN—						
Steamers	1,247	2,190,650	37	1,247	255	255
Motors	14	37,212	—	14	—	—
Sailing	—	—	—	—	—	—
Fishing	—	—	—	—	—	—
Total Foreign ...	1,261	2,227,862	37	1,261	255	255
COASTWISE—						
Steamers	1,087	1,100,035	—	1,087	137	137
Motors	4	280	—	4	—	—
Sailing	26	1,325	—	26	—	—
Fishing	—	—	—	—	—	—
Total Coastwise ...	1,117	1,101,640	—	1,117	137	137
Total Foreign and Coastwise ...	2,378	3,329,502	37	2,378	392	392

Barry Docks.

NUMBER OF VESSELS, REGISTERED TONNAGE, AND TRADE INWARDS AND OUTWARDS, FOR THE YEARS 1889 TO 1925.

Year	No. of Vessels.	Registered Tonnage.	Inwards.								Outwards.						Total Inwards and Outwards.	Year.
			Pitwood.	Timber	Grain.	Building Sand.	Iron and Iron Ore	Building Materials.	General Merchandise.	Total Inwards.	Coal.	Coke.	Patent Fuel	Iron and Iron Ore	General Merchandise.	Total Outwards.		
			Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	Tons.	
1889	598	567,958	7,470	2,343	—	521	942	880	2,589	14,745	1,076,061	12,387	—	2,496	713	1,091,657	1,106,402	1889
1890	1,753	1,692,223	23,918	16,764	—	1,809	7,579	4,655	8,950	63,675	3,135,439	57,277	—	4,597	4,308	3,201,621	3,265,296	1890
1891	2,096	2,007,271	55,020	13,970	—	3,371	2,316	8,965	3,891	87,533	3,904,844	54,777	—	3,755	4,665	3,968,041	4,055,574	1891
1892	2,182	2,236,827	45,593	15,728	—	3,536	387	12,597	3,923	81,764	4,110,622	80,454	—	5,447	5,342	4,201,865	4,283,629	1892
1893	2,162	2,199,906	116,560	14,991	—	4,991	645	6,183	2,036	145,406	4,159,320	52,502	—	414	4,935	4,217,171	4,362,577	1893
1894	2,166	2,510,603	138,603	17,952	—	4,149	548	3,152	3,293	167,697	4,822,921	73,763	—	253	2,380	4,899,317	5,067,014	1894
1895	2,278	2,516,122	174,367	17,419	—	3,666	342	9,587	1,491	206,872	4,998,630	53,202	—	471	7,373	5,059,676	5,266,548	1895
1896	2,646	2,696,743	144,281	33,215	—	5,494	11	22,559	4,886	210,446	5,258,090	21,143	—	31	5,738	5,285,002	5,495,448	1896
1897	2,806	3,167,311	179,103	35,902	—	3,366	3,000	19,510	7,468	248,349	5,817,845	37,075	—	88	4,247	5,859,255	6,107,604	1897
1898	2,271	2,438,960	113,477	28,822	—	2,180	1,705	25,789	6,188	178,161	4,338,212	27,205	2,043	—	5,778	4,373,238	4,551,399	1898
1899	3,270	3,742,356	156,007	51,378	—	4,036	1,902	31,694	7,036	252,053	7,193,747	29,722	200	149	13,446	7,237,264	7,489,317	1899
1900	3,115	3,776,828	215,827	19,017	—	937	560	10,054	8,884	255,279	7,198,103	27,431	752	430	5,001	7,231,717	7,486,996	1900
1901	3,076	3,847,598	174,772	34,781	—	2,814	1,879	17,725	2,281	234,252	7,815,092	29,874	251	724	5,224	7,851,165	8,085,417	1901
1902	3,072	4,157,549	196,401	35,310	—	2,013	5,985	11,429	7,353	258,491	8,649,236	26,272	—	—	6,106	8,681,614	8,940,105	1902
1903	3,126	4,269,153	330,935	26,179	—	—	3,491	13,749	15,224	389,596	8,810,008	30,764	119	630	13,659	8,855,180	9,244,776	1903
1904	3,060	4,313,566	340,256	33,329	—	—	18,832	9,008	22,402	423,827	9,085,505	28,405	768	—	10,753	9,125,431	9,549,258	1904
1905	3,225	4,278,759	309,780	35,943	20,665	400	1,030	13,055	19,123	399,996	8,612,460	38,631	421	780	19,576	8,671,868	9,071,864	1905
1906	3,215	4,603,223	387,003	37,207	56,996	—	3,171	11,932	9,794	506,103	9,690,557	39,069	1,263	3,121	23,370	9,757,380	10,263,483	1906
1907	3,369	4,670,775	373,219	35,752	67,838	594	1,070	20,867	14,777	514,117	9,821,259	60,612	1,225	1,070	26,319	9,910,485	10,424,602	1907
1908	3,338	4,476,000	484,402	44,643	79,233	3,376	—	15,107	9,879	636,640	9,684,884	46,530	594	—	27,477	9,759,485	10,396,125	1908
1909	3,381	4,508,396	508,184	17,709	92,469	1,885	—	14,510	18,353	653,110	10,012,565	37,087	2,911	—	36,611	10,089,174	10,089,174	1909
1910	3,267	4,314,023	494,722	14,374	98,432	—	450	15,032	44,583	667,593	9,638,049	37,773	1,115	450	38,802	9,716,189	10,383,782	1910
1911	2,979	4,036,644	466,263	14,467	104,817	—	510	12,800	35,522	634,379	9,110,916	35,656	1,877	510	33,068	9,182,027	9,816,406	1911
1912	3,140	4,358,663	463,472	17,259	62,540	—	590	29,256	30,713	603,830	9,701,122	27,698	4,288	590	34,227	9,767,925	10,371,755	1912
1913	3,269	4,833,782	503,551	24,086	86,839	800	—	30,053	9,141	654,670	11,005,143	44,568	4,403	—	27,395	11,081,509	11,736,179	1913
1914	3,456	5,061,969	507,113	15,005	87,331	—	752	23,287	23,846	657,334	10,837,834	37,676	2,208	—	37,321	10,915,039	11,572,373	1914
1915	3,740	5,019,827	437,790	12,213	82,649	—	—	17,346	39,398	589,396	9,652,019	55,943	460	—	92,090	9,800,512	10,389,908	1915
1916	3,990	5,231,551	367,811	12,540	79,956	—	—	12,836	36,439	509,582	9,770,814	67,376	669	—	141,293	9,980,152	10,489,734	1916
1917	3,713	4,317,764	214,439	2,457	79,063	—	103	13,937	44,814	354,813	8,340,338	42,892	—	—	195,424	8,578,654	8,933,467	1917
1918	3,312	3,766,449	161,632	11,096	43,014	—	222	11,089	100,017	327,070	7,046,643	20,019	—	—	191,848	7,258,510	7,585,580	1918
1919	3,529	4,461,862	211,059	20,520	61,075	—	—	13,069	47,429	353,152	7,839,560	19,460	105	—	142,583	8,001,708	8,354,860	1919
1920	3,981	4,206,691	226,279	10,866	99,585	—	—	9,774	25,428	371,932	6,895,035	31,320	2,915	—	85,817	7,015,087	7,387,019	1920
1921	2,802	3,334,524	157,358	6,942	65,978	—	—	17,947	40,392	288,617	5,643,895	20,069	818	—	54,600	5,719,382	6,007,999	1921
1922	3,628	4,605,489	344,627	9,439	83,597	—	—	17,523	15,279	470,465	9,813,356	32,040	78	—	74,370	9,919,844	10,390,309	1922
1923	3,805	4,751,462	433,312	—	92,810	—	—	15,461	7,095	548,678	10,063,897	125,903	—	—	85,153	10,274,953	10,823,631	1923
1924	3,367	4,112,100	316,748	17,648	113,408	3,723	—	9,878	6,721	468,162	9,052,443	—	—	—	87,737	9,140,180	9,608,342	1924
1925	2,836	3,329,502	235,203	10,578	76,102	—	—	15,917	16,617	354,832	7,155,805	—	926	294	21,806	7,253,768	7,608,600	1925

Barry Education Committee.

CHAIRMAN:

MR. D. J. BOON.

VICE-CHAIRMAN:

MR. J. LOWDON, J.P.

MEMBERS:

ALL THE MEMBERS OF THE COUNCIL, and also the following co-opted members:—

MISS M. E. MEREDITH.
MR. J. LOWDON.
MR. EDGAR JONES, M.A.
REV. D. H. WILLIAMS, M.A.

SECRETARY OF EDUCATION:

MR. R. TREHARNE REES.

Staff of School Medical Service:

SCHOOL MEDICAL OFFICER:

PERCY W. KENT, M.R.C.S., L.R.C.P., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICER:

ERNEST I. DAVIES, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.H. (Wales).

SCHOOL DENTIST:

D. COWIN, M.B., Ch.B., L.D.S., R.C.S.

SCHOOL NURSES:

mnMRS. F. REED
†mMRS. E. K. ATKINSON
†mnMISS E. A. THOMAS
mnMISS N. WINDSOR
mnMISS S. E. GREENE.
mnMISS A. C. REID (Temporary).

CHIEF CLERK:

‡sxJ. HAYDN EVANS, M.R.S.I. (Exam.).

CLERK:

W. T. WATHAN.

Barry Education Committee.

(SCHOOL MEDICAL SERVICE).

Eighteenth

Annual Report of the School Medical Officer

For 1925.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

Herewith I have the honour to submit my Annual Report on the Medical Inspection and Treatment of School Children carried out during the year 1925.

This report is the eighteenth of its series, and this year has been drawn up on the lines suggested by the Board of Education in the Form 6M of November, 1925.

During the year under review two Special Investigations were carried out, viz.:—(1) An Investigation into an Outbreak of Ophthalmia which necessitated the temporary appointment of an Eye Specialist. (2) A survey of defective children in accordance with Circular 1349 (Board of Education). The reports of these two investigations are reprinted in the appendix of this Annual Report.

A review of the statistical tables shows that there is still a high proportion of defects to be found on Routine Inspection of school children. These defects, however, are not comparable with those found say in 1908 the start of School Medical Inspection. Indeed most of the defects now recorded would probably have been ignored in former years, for the pressure of what was gross forced the examiner to overlook the minor degrees of impairment to which we now have time and opportunity to attend. It will not be until the generation which did not have routine inspection has passed away, and that which has been inspected becomes dominant, that the full value of inspection can be gathered. In the early days, objection to inspection was frequent and sometimes formidable, but how much of this remains? Little difficulty is now experienced in getting parents to bring their children either for routine inspection at the Schools or for advice at the Clinic.

Again I desire to record my thanks to the teachers and school medical staff for their co-operation in the work.

I have the honour to be,

Your obedient Servant,

PERCY W. KENT,

School Medical Officer.

Health Department,
Barry.
March, 1926.

STAFF.

1. Full particulars of the staff for the School Medical Service.

(*a*) MEDICAL.—The medical staff of the School Medical Service is composed of the following officials:

(1) One School Medical Officer.
One Assistant Medical Officer } Whole-time
One School Dentist.

(2) Two Surgeons (one Throat, Nose and Ear Clinic).
(one X-Ray treatment of ringworm).
These Officials are part-time.

(*b*) NURSING.—There are five school nurses who also act as health visitors.

The Board of Education have drawn the Authority's attention to the Nursing Staff. They expect in an area of the size of Barry that a Staff equivalent to at least two and a half whole-time nurses should be employed, whereas at present each of the nurses gives one-third of her time to the School Medical Service.

(*c*) CLERICAL.—Two clerks are engaged in clerical work relating to the medical inspection and treatment of school children.

CO-ORDINATION.

2. Arrangements for the co-ordination of the work of the School Medical Service with that of other Health Services.

The School Medical and Public Health Services are under one head; the Medical Officer of Health acts as School Medical Officer and is assisted by an Assistant Medical Officer. The School Nurses also act as Health Visitors. The clerical work relating to both services is carried out in the same office.

(*a*) Infant and Child Welfare.—The work of this branch of the Public Health Service is carried out by the same staff. The records of the children are subsequently transferred to the School Medical Service.

(*b*) Debilitated Children under School Age.—These cases are visited at the homes by the Health Visitors and necessitous cases referred to the Welfare Clinic, or Poor Law Guardians, others are advised to consult their own doctor. Some of these cases are eventually sent to the Tuberculosis Physician for advice and report.

SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

3. Review of the hygienic conditions of the schools in the area.

The schools generally are well built and ventilated, the lighting, heating, equipment and sanitation of high standard. In the detailed report given in 1920, two schools were ventilated by the Plenum System. This has been replaced by low pressure hot water pipes and natural ventilation. The following table shows the means of ventilation, heating and sanitation employed at the various schools. It will be seen that several schools still have in use the Trough System which of course should be replaced by W.C's. of the pedestal wash-down type, hand-flushed in the boys and girls' departments, and automatically flushed in the infants' schools. Owing to the financial necessity of reducing expenditure in recent years these alterations have had to be postponed.

School.	Heating & Ventilation.	Sanitary Conveniences.	Play-grounds.
Cadoxton Boys ...	Open fires and natural ventilation; 3 classrooms by gas radiators with flues in addition	Urinals flushed automatically; wash-down w.c's. flushed by hand	Asphalte.
Cadoxton Girls ...			
Cadoxton Infants ...	Low pressure hot water pipes and natural ventilation.	Syphonic latrines and automatically flushed urinals.	
Gladstone Road Boys ...	Low pressure hot water pipes and natural ventilation.	Urinals flushed automatically, and w.c.'s of pedestal type automatically flushed.	Asphalte.
Gladstone Rd. Girls ...			
Gladstone Infants ...			
Jenner Park Boys ...	Low pressure hot water pipes and natural ventilation.	Automatically flushed urinals with separate stalls;	Asphalte.
Jenner Park Girls ...			
Jenner Park Infants ...		Automatically flushed syphonic latrine.	
High Street Boys ...	Low pressure hot water pipes and natural ventilation.	Automatically flushed urinals; w.c.'s of pedestal type automatically flushed. Syphonic latrine.	Asphalte.
High Street Girls ...			
High Street Infants ...			
Holton Road Boys ...	Low pressure hot water pipes and natural ventilation.	Automatically flushed urinals; w.c.'s of pedestal wash-down type hand flushed. Syphonic latrines.	Asphalte.
Holton Road Girls ...			
Holton Road Infants ...			
Romilly Road Boys ...	Low pressure hot water pipes and natural ventilation.	Pedestal w.c's. automatically flushed.	Asphalte.
Romilly Road Girls ...		Trough system; automatically flushed.	
Romilly Road Infants ...		Urinals ditto.	
Island Mixed... ...	Open fires and natural ventilation.	Trough closet; automatically flushed. Separate stall urinals	Asphalte.
Island Infants ...			
St. Helen's Mixed ...	Hot air from 2 stoves, 1 open fire, 2 gas fires, and natural ventilation.	Urinals automatically flushed. Through closets flushed automatically.	Asphalte.
St. Helen's Infants ...	Open fires and natural ventilation.	do.	
Palmerstown Infants ...	Low pressure hot water pipes and natural ventilation.	Urinals automatically flushed. Trough closet automatically flushed.	Asphalte.
Special School ...	Gas fires and natural ventilation.	Wash-down closets, flushed by hand. Urinal hand flushed.	Asphalte.

4. Description of arrangements made and methods adopted for the medical Inspection of Children.

In the work of the medical inspection the school nurse marshals the children, and undertakes the minor part of the work, such as—

(1) Weighing and measuring of children;

(2) Examination of clothing and foot-gear, as regards sufficiency, and state of repair.

(3) She assists in the dressing and undressing of the children.

(4) She obtains the life and family histories, as regards illness, from the parents.

(5) She makes entries on the medical inspection cards, according to the requirements of the Medical Officer.

The schools are visited by the Medical Officer and School Nurse in accordance with a time-table. Each department is paid one visit a month.

Special cases are referred to the Medical Officer during the routine inspections. These children may or may not be of the Code age-group.

(*a*) AGE GROUPS.—In the Routine examinations the Medical Inspection of children of the three age-groups prescribed by the Board's Regulations are carried out, viz.:—

(1) Entrants.—All children as soon as possible after their first admission to school and in any event, not later than 12 months after that admission.

(2) Intermediates.—All children as soon as possible in the twelve months following their attaining the age of eight years.

(3) Leavers.—All children as soon as possible in the twelve months following their attaining the age of twelve years.

(4) Other Routine Inspections—viz.:—Children who do not fall under the three code age-groups.

(*b*) Schedule of Medical Inspection.—The Board's Schedule has been closely followed, and it has been found unnecessary to make any decided departure therefrom.

FINDINGS OF MEDICAL INSPECTION.

5. Review of the facts disclosed by Medical Inspection.

(*a*) Uncleanliness.—The number of cases of uncleanliness found on routine inspections has unfortunately increased. This is in spite of the fact that several schools now use the method of removing nits and vermin by means of the Sacker's Hygienic Comb. Uncleanliness includes pediculi and nits in the hair and also cases which show flea bites on the body. The removal of nits from the hair is by no means a simple matter and constant attention combined with definite methods of treatment at home are required. The compulsory cleansing of the more chronic cases would no doubt lower the percentage of this form of defect.

Head.—6.2 per cent. of the children routinely inspected required treatment for abnormal conditions, being an increase of 3.1 per cent. as compared with last year.

Body.—1.6 per cent. of the children at the routine inspections required treatment for uncleanliness of the body, as compared with 0.8 for 1924.

(*b*) Minor Ailments.—These consist of cuts, sores, bruises, abscesses, colds, and indefinite illnesses not classified under subsequent headings. These cases form a large proportion of cases treated at the clinics, as detailed in the appended tables.

(*c*) Tonsils and Adenoids. The number of cases shows an increase as compared with last year. The routine inspections disclosed 3.08 per cent. of the children requiring operative treatment, as compared with 2.27 per cent. last year.

(*d*) Tuberculosis.—These cases were referred to the Tuberculosis Medical Officer; special cases were also submitted to him by the School Medical Officer, when in doubt. The Tuberculosis Medical Officer issued certificates of fitness to the School Medical Officer of children between the ages of 5 and 14 years. Copies of these certificates were forwarded to the attendance department and the schools concerned.

The number of cases of this disease shows an increase as compared with the previous year. The total number of cases requiring treatment being 19. Ten however of these cases were suspected pulmonary tuberculosis.

(*e*) Skin Disease.

Ringworm—0.00 per cent. of the routine examinations and 0.65 of the Special Cases, as compared with 0.09 and 1.7 respectively in 1924, were discovered to be suffering from ringworm of the scalp. This shows a decrease in the number of cases.

The number of cases of ringworm of the body was 3 less than last year.

Scabies.—0.1 per cent. of the routine examinations and 1.5 of the special cases, as compared with 0.00 and 0.80 respectively in 1924, were discovered to be suffering from scabies. This shows an increase in the number of routine and special cases.

Impetigo.—1.06 per cent. and 10.38 per cent. of the routine and specials were referred for treatment. This shows an increase on the previous year.

(*f*) External Eye Disease.—During the year 1.26 per cent. routine examinations and 10.96 per cent. special examinations were referred for treatment, as compared with 2.12 and 5.33 for 1924.

Of the 6,600 examinations in connection with the ophthalmia outbreak 2.08 per cent. were discovered with external eye diseases.

The marked increase in the percentage of External Eye Diseases in the special inspections is due to the fact that cases of these affections of the eyes detected during the Special investigation of the outbreak of Ophthalmia have been included in the figures of column (4) Table IIA.

(*g*) Vision and Squint.—The number of defective vision discovered on Routine Examination gives a percentage of 5.6, this shows a slight decrease as compared with the previous year. The percentage of cases of defective vision amongst special cases shows a slight increase, viz.—4.37 per cent. Thirty-six cases of squint were found, compared with 38 of last year.

(*h*) Ear Disease and Hearing.—Hearing was defective in 0.05 per cent. routine and 0.57 of the special examinations. Middle Ear and other diseases of the ear show a slight decrease in number. Chronic Otorrhoea is still the commonest form of ear disease found amongst school children.

(*i*) Dental Defect.—The improvement in the condition of the children's teeth is one of the most gratifying results of School Dental Treatment. The age-group for leavers shows a very small percentage of carious teeth and the mouths generally are quite healthy. In this class of defect as in all others there are a few chronic cases who refuse treatment in spite of all means of persuasion and advice.

(*j*) Crippling Defects.—The special survey of crippling amongst school children is given in the Report on Circular 1349, a copy of which will be found in the Appendix of this report.

INFECTIOUS DISEASES.

6. Review of the action taken to detect and prevent the spread of infectious diseases (including action taken under article 45(b), 53(b), and 57 of the code—Grant Regulation Nos. 8 and 9.)

During the year there was necessity for taking action to close schools owing to an epidemic of measles Pursuant to Art. 45(b) of the code of regulations for Public Elementary Schools in Wales, the School Medical Officer recommended and approved of the closure of the undermentioned schools for the periods and the grounds stated below:—

School.	Department.	Period of Closure.	Grounds of Closure.
Gladstone Road ...	Infants ...	16th February to 27th February ...	Measles.
High Street ...	Infants ...	16th February to 6th March	Measles.
Holton Road ...	Infants ...	26th February to 20th March	Measles.
St. Helen's ...	Infants ...	23rd February to 20th March	Measles.

There were 112 cases of Scarlet Fever, 80 cases of Diphtheria, and 53 Chicken Pox cases, amongst the school children. Of all the cases of these diseases notified in the district 74.6 per cent. of the Scarlet Fever cases and 80.8 per cent. of the Diphtheria cases, and 71.6 per cent. of the Chicken Pox cases were amongst children of school age.

FOLLOWING UP.

7. Review of the arrangements for the following-up of children suffering from physical defects, including a summary of the work undertaken by school nurses.

The arrangements for the following-up of children suffering from physical defects has been described in detail in previous reports.

During the year 595 visits were made by the school nurses to such cases as chicken-pox, tuberculosis, infectious eye diseases, skin diseases, etc.

MEDICAL TREATMENT.

8. Review of the methods employed or available for the treatment of defects and a statement of the ascertained results of treatment.

(*a*) Minor Ailments.—The figures relating to this subject are given in Table IV, Group I. and comparison with last year is very satisfactory.

(*b*) Tonsils and Adenoids.—During the year 76 cases of enlarged tonsils and adenoids were operated on under the Authority's scheme at the Clinic. In addition 22 children under school age were operated on for this defect, these cases being referred from the child Welfare Centre. Towards the end of the year arrangements were made for these operations to be carried out at the Council's Surgical Hospital, by the Aural Specialist. The cases after operation are detained in hospital until the following day. After discharge from hospital the cases are visited at their homes by the school nurses. The detention of the cases in hospital for 24 hours after operation has a distinct advantage over the former method of operating at the Clinic. In hospital any untoward complication such as post-operative haemorrhage is under immediate medical supervision and by the following day the children are sufficiently recovered to be comfortably removed to their own homes by the Council's Ambulance.

(*c*) Tuberculosis.—Cases of tuberculosis or suspected cases are referred to the Tuberculosis Officer. The case is then taken over by him for treatment and a detailed report is sent by him to the School Medical Officer, including fitness for school or otherwise. If institutional treatment is required the cases are admitted to one of the Welsh National Memorial Hospitals. When the case has been completed as far as active treatment is concerned observation of the case is periodically carried out by the School Medical Officer.

Particulars of treatment of Tuberculosis has been included in Table XXIV of the report on Public Health Service.

(*d*) Skin Diseases.—A very large percentage of cases treated at the Clinic consists of skin conditions, such as infectious sores, scabies and inflammatory conditions of the skin.

Ringworm.—These cases are all referred to the X-Ray Department of the hospital for treatment, as reported in previous years.

(*e*) External Eye Disease.—The number of cases of this defect treated at the Special Clinic for diseases of the eye increased greatly owing to a large number of cases being referred as a result of the Special Investigation due to the outbreak of Ophthalmia. The majority of cases being Blepharitis and Conjuctivitis. A number of cases of Inflammation of the Cornea were also treated.

(*f*) Vision.—The total number of children for whom spectacles were prescribed for defective vision shows a slight increase over the previous year.

(*g*) Ear Diseases and Hearing.—The more difficult cases of ear disease and also cases of defective hearing are referred to the Aural Specialist at his weekly visit; these cases being seen by him at the Clinic.

(*h*) Dental Defects.—The average attendance per session for treatment was 10.4. This number compares favourably with the previous year. Details of Dental Treatment are given in Group IV. of Table IV.

(*i*) Crippling Defects and Orthopaedics.—During the year 36 elementary school children suffering from congenital and paralytic deformities received treatment at the Prince of Wales' Hospital, Cardiff, through the agency of the Neale Trust.

A special report of the methods employed for the treatment of crippling defects will be found in the Appendix under Group (*b*) of the Report on Defective Children.

OPEN-AIR EDUCATION.

9. Review of arrangments made for the provision of facilities for open-air education and of the results obtained.

Plans for an open-air school have been submitted to the Board and approved. The commencement of building this Special School, however, has been postponed on grounds of economy but has been included in the 1927-1930 programme of expenditure. A report on both physically defective and delicate children will be found in the Appendix.

PHYSICAL TRAINING.

10. Description of the arrangements for associating the School Medical Service with the work of physical training in the schools.

The Class Teachers carry out this work, and the syllabus issued by the Board has been closely followed. The playgrounds are very suitable for the instruction of children in the exercises.

PROVISION OF MEALS.

11. Description of the arrangements for associating the School Medical Service with the work undertaken by the authority under the Provision of Meals Acts 1906-1914; particularly as regards the selection of children for the meals, the approval of dietaries, the suitability of arrangements made.

On the transference of the Special School from the Wesleyan Schoolroom, Crossways Street, these premises were taken over as a Feeding Centre, the central kitchen at the Bible Christian Chapel being vacated early in October. The arrangements adopted for feeding being as reported in previous years.

During the year in several of the schools debilitated children brought to the notice of the School Medical Officer were ordered a cup of hot milk or milk and cocoa each morning free in necessitous cases, a small charge to cover the cost being made where the parents are able to afford payment. These children are periodically inspected and a noticeable improvement takes place in most cases.

As in previous years the children of the Special School have been in receipt of dinners each day of attendance.

The necessity of meals for the children of poor families was more than last year.

During the year, 140 children received 27,491 free meals. The average cost per meal worked out at 2.7d. for food only. Total cost per meal, 4.6d.

SCHOOL BATHS.

12. Statement of the provision of school baths and of the suitability and adequacy of arrangements made for their use.

None of the schools in the area have been provided with baths.

CO-OPERATION OF PARENTS.

13. Statement of methods adopted for securing the presence of the parents at the medical inspection and for their subsequent co-operation in the subsequent treatment of defects, with a review of the effects of such methods.

The proportion of parents who attend the routine examinations is about 77 per cent.; the percentage of parents attending the Clinics may be estimated at 70 per cent.

The parents are, as a rule, very much interested, though one occasionally comes across a small proportion of children who show signs of lamentable indifference, if not neglect, on the part of the parents.

CO-OPERATION OF TEACHERS.

14. Review of the work by Teachers.

As in past years, the School Medical Officer has had every assistance from the Teaching staff of the schools in medical inspection and treatment of school children.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

15. Review of the work undertaken by the School Attendance Officers.

Where for any reason a child is excluded from school by the School Medical Officer, an exclusion certificate is given to the School Attendance Officer, and on the child being fit to return to school a return certificate is issued to the School Attendance Officer who then follows up the case.

The average attendance for all schools during the year was 87.19 per cent. This shows a decrease of 1.69 per cent. as compared with the previous year.

CO-OPERATION OF VOLUNTARY BODIES.

16. Review of the work undertaken by voluntary bodies.

The Neale Trust have during the year granted the following benefits to the poor children of Barry:—

	Boys.	*Girls.*	*Totals.*
Footgear	380	166	546
Stockings...	216	135	351
	596	301	897

During Christmas Day, 1925, the meals of the poor children of the district supplied by the Education Committee were supplemented by provisions granted by the Trust. In all 170 children were fed.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

17 (*a*) Review of the methods adopted for ascertaining and dealing with children who are defective within the meaning of the Elementary Educaion (Blind and Deaf Children) Act, 1893, and the Elementary Education (Defective and Epileptic Children) Act 1899 and 1914, and of the adequacy of such methods.

(*b*) Statement of the work of each special school during the year including a statement of the provision in the area for after-care.

There are two blind children (2 boys) at residential institutions outside the district.

Two boys and one girl are at institutions for Deaf and Dumb Children.

Two mentally abnormal boys are at Residential Institutions, whilst ten girls (over 16 years) have been admitted to the Drymma Hall, Neath.

These cases are brought to the notice of the School Medical Officer during medical inspection and treatment, and by the visits of the Attendance Officers and School Nurses to the homes.

Special School for Mentally Defective Children.—This school was transferred from the Wesleyan Schoolroom, Crossways Street, to the new Temporary permises at the Buttrills Camp in October. The conversion of the large wooden hall at this camp has made excellent temporary premises for these defective children. The School is situated in the most elevated position in the town and has ample open space for playground accommodation. A detailed report on the Mentally Deficient Children is given in the Special Report in the Appendix.

NURSERY SCHOOLS.

18. Statement of the work of the School Medical Service in connection with Nursery Schools, including results of Medical Inspection and treatment.

On account of Barry being a modern town and there being no large factories employing female labour, Nursery Schools have been found unnecessary.

SECONDARY SCHOOLS.

19. Statement of the work of the School Medical Service in connection with pupils in attendance at Secondary Schools, showing provisions made for medical inspection and treatment.

There are in the town two Secondary Schools (one for boys and one for girls) belonging to the Glamorgan County Council.

There is also a Ladies' Training College with accommodation for 120 students.

The medical inspection of the students attending the County School is carried out by the School Medical Staff of the County Council.

CONTINUATION SCHOOLS.

20. Statement of the work of the School Medical Service in connection with pupils in attendance at Continuation Schools.

No arrangements have been made for the medical inspection of pupils in attendance at Continuation Schools.

EMPLOYMENT OF SCHOOL CHILDREN.

21. The introduction of new Bye-laws regulating the employment of Children under the Education Act, 1918, has added to the duties of the school medical service, inasmuch as no child of school age may

now be engaged for wage-earning employment unless a health certificate, signed by the School Medical Officer, has been obtained.

The number of children dealt with was 11. The children are mostly employed in selling and delivering newspapers, and shop messengers.

22. Special Enquiries.—Two special investigations were carried out during the year, detailed reports of which will be found in the Appendix of this report.

23. Miscellaneous.—The following miscellaneous examinations have been carried out during the year:—

Teachers	12
Library Assistant	1
Admissions to Truant School	2
Total	15

STAMMERERS' CLASS.

During the year, two classes have been held and there has been an average attendance of 8 at each.

The School Medical Officer examined the children prior to admission and at the end of each course. Those judged fit, returned to their ordinary school, the others remained for a Second Course.

Of the thirty-nine children under review during the year, five attended for one term, three for two terms, and thirty-one attended part-time.

During the Course not only does the children's speech improve but the benefit to their general health is very marked—their chest measurement increasing considerably.

Every child has improved, but some much more so than others. Where the parents co-operate with the teacher the greatest progress is shown.

Attendance at this class gives children the power to overcome a very great physical disability which would probably prove a serious handicap to them in after life.

24.—Statistical Tables.

HEIGHTS AND WEIGHTS.

Table A shows the average heights in centimetres, and the average weights in kilograms, of all children weighed and measured at the time of the routine examination. In every case, the records were taken without footgear.

TABLE A.

	Boys.			Girls.		
Age.	Number.	Height.	Weight.	Number.	Height.	Weight.
3	—	—	—	—	—	—
4	97	98.7	17.1	108	98.5	15.5
5	194	103.2	17.2	167	101.7	17.8
6	40	104.2	18.1	54	107.8	18.4
7	7	112.6	21.4	1	129.0	24.6
8	280	121.6	21.9	259	119.4	22.0
9	22	125.2	25.1	38	123.4	23.0
10	12	128.8	27.4	10	128.9	25.5
11	1	137.2	28.6	2	137.9	28.9
12	342	137.1	35.2	334	140.1	32.2
13	5	139.5	31.7	6	143.5	34.4
14	—	—	—	—	—	—

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	660
Intermediates	599
Leavers	687
Total	1,946
Number of other Routine Inspections	33

B.—Other Inspections.

Number of Special Inspections	2,446
Number of Re-Inspections	3,104
Total	5,550

C.—Special Inspections.

In connection with outbreak of Ophthalmia.
(Not included in Table I B.)

*Number of Special Inspections	6,600
Number of Re-Inspections	1,105
Total	7,705

*Vide remarks in body of Annual Report and Special Report in Appendix.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

DEFECT OR DISEASE	Routine Inspection		Special Inspections.	
	No. of Defects		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation, but *not* requiring Treatment	Requiring Treatment	Requiring to be kept under observation but *not* requiring Treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	121	3	—
Uncleanliness	—	—	—	—
(*See* Table IV., Group V.)				
Skin—				
Ringworm:				
Scalp	—	—	16	2
Body	1	—	25	—
Scabies	2	—	37	—
Impetigo	21	—	254	—
Other Diseases (Non-Tuberculous)	6	7	178	6

DEFECT OR DISEASE (1)	Routine Inspection — No. of Defects		Special Inspections. — No. of Defects.	
	Requiring Treatment (2)	Requiring to be kept under observation, but *not* requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation but *not* requiring Treatment (5)
Eye—				
Blepharitis	17	—	78	—
Conjunctivitis	5	—	168*	—
Keratitis	1	—	23	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)	92	90	107	21
Squint	21	—	15	—
Other Conditions	2	—	136*	17
Ear—				
Defective Hearing	1	16	14	—
Otitis Media	21	—	71	—
Other Ear Diseases	34	—	71	1
Nose and Throat—				
Enlarged Tonsils only	50	236	100	11
Adenoids only	4	18	15	1
Enlarged Tonsils and Adenoids	7	3	37	1
Other Conditions	76	—	214	23
Enlarged Cervical Glands (Non-Tuberculous)	20	133	77	4
Defective Speech	2	12	2	—
Teeth—Dental Diseases (*See* Tables IV., Group IV.)	137	469	44	—
Heart and Circulation—				
Heart Disease				
Organic	—	4	2	—
Functional	—	19	2	—
Anaemia	—	7	14	—
Lungs				
Bronchitis	2	24	27	—
Other Non-Tuberculous Diseases	2	5	51	14
Tuberculosis—				
Pulmonary:				
Definite	—	—	4	—
Suspected	1	—	10	5
Non-Pulmonary:				
Glands	—	—	1	—
Spine	1	—	—	—
Hip	—	—	1	—
Other Bones and Joints	—	—	1	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System:				
Epilepsy	—	1	2	1
Chorea	—	—	15	2
Other Conditions	1	—	6	2
Deformities:				
Rickets	—	20	2	—
Spinal Curvature	1	2	4	—
Other Forms	2	22	27	3
Other Defects and Diseases	2	—	371	29

* These numbers include cases discovered in outbreak of Ophthalmia as described in body of Annual Report and Special Report in Appendix.

B.—Number of *individual children* found at *Routine* Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Number of Children. Found to require treatment. (3)	Percentage of Children found to require Treatment. (4)
Code Groups:—			
Entrants	660	141	21.3
Intermediates	599	139	23.2
Leavers	687	93	13.5
Total (Code Groups)	1,946	350	17.9
Other Routine Inspections	33	10	30.3

TABLE III.—Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
BLIND (including partially blind)— (i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind	2	—	2
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	—	—	—
	Attending Public Elementary Schools ...	—	2	2
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
DEAF (including deaf and dumb and partially deaf)— (i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	2	1	3
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	1	—	1
	At no School or Institution	—	—	—
(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
	Attending Public Elementary Schools ...	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
MENTALLY DEFECTIVE— Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	11	9	20
	Attending Public Elementary Schools ...	2	1	3
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
Notified to the Local Control Authority *during the year*.	Feebleminded	—	—	—
	Imbeciles	—	—	—
	Idiots	—	—	—

TABLE III.—continued.

		Boys.	Girls.	Total.
EPILEPTICS— Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	—	—	—
	In Institutions other than Certified Special Schools	—	—	—
	Attending Public Elementary Schools	1	—	1
	At no School or Institution	1	—	1
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	4	1	5
	At no School or Institution	—	—	—
PHYSICALLY DEFECTIVE— Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	1	3	4
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools	—	—	—
	At Public Elementary Schools	5	5	10
	At other Institutions	—	—	—
	At no School or Institution	—	—	—
Delicate children (*e.g.*, pre-or latent tuberculosis, malnutrition, debility, anaemia, etc).	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools	—	—	—
	At Public Elementary Schools	44	35	79
	At other Institutions	—	—	—
	At no School or Institution	1	5	6
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	1	2
	At Public Elementary Schools	3	3	6
	At other Institutions	1	—	1
	At no School or Institution	1	—	1
Crippled Children (other than those with active tuberculosis disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—
	At Certified Residential Cripple Schools	—	—	—
	At Certified Day Cripple Schools	—	—	—
	At Public Elementary Schools	34	25	59
	At other Institutions	—	—	—
	At no School or Institution	4	5	9

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1925.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm Scalp	16	—	16
Ringworm-Body	26	—	26
Scabies	35	4	39
Impetigo	251	—	251
Other skin disease...	169	—	169
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	375	12	387
Minor Ear Defects	148	—	148
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	436	30	466
Total	1,456	46	1,502

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	Number of Defects dealt with. Under the Authority's Scheme. (2)	Submitted to Refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	150	6	—	156
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	1	—	1
Total	150	7	—	157

Total number of children for whom spectacles were prescribed—

(*a*) Under the Authority's Scheme 122

(*b*) Otherwise 6

Total number of children who obtained or received spectacles—

(*a*) Under the Authority's Scheme... 115

(*b*) Otherwise 6

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3	(4)	(5)
76	3	79	178	257

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

Aged:

Routine Age Groups	5 ... 917		
	6 ... 640		
	7 ... 604		
	8 ... 596		
	9 ... 775		
	10 ... 754	Total	6,761
	11 ... 756		
	12 ... 687		
	13 ... 592		
	14 ... 440		
Specials			477
Grand Total			7,238

(*b*) Found to require treatment ... 3,399

(*c*) Actually treated 2,984

(*d*) Re-treated during the year as the result of periodical examination —

(2) Half-days devoted to:—

Inspection	44
Treatment	365
Total	409

(3) Attendances made by children for treatment 3,800

(4) Fillings:—

Permanent teeth	1,590
Temporary teeth	236
Total	1,826

(5) Extractions:—

Permanent teeth	255
Temporary teeth	2,615
Total	2,870

(6) Administrations of general anaesthetics for extractions 437

(7) Other operations:—

Permanent teeth	174
Temporary teeth	92
Total	266

Group V.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses 6

(ii) Total number of examinations of children in the Schools by School Nurses 15,407

(iii) Number of individual children found unclean 442

(iv) Number of children cleansed under arrangements made by the Local Education Authority..... —

(v) Number of cases in which legal proceedings were taken:—

(*a*) Under the Education Act, 1921..... .... —

(*b*) Under School Attendance Byelaws .... —

APPENDIX.

REPORT BY DR. ARMSTRONG
ON OUTBREAK OF OPHTHALMIA. 13*th July*, 1925.

Dear Sir,

I commenced the investigation of the suspected outbreak of Trachoma amongst the Barry School Children on April 6th, 1925. The position at that time was as follows:—In January, 1924, 16 children at St. Helen's Mixed School were found to be suffering from a condition of the conjunctiva resembling Trachoma, 11 of the children were seen by Mr. Cresswell at the Royal Infirmary, Cardiff, and were thought to be probably Trachoma. They were excluded from school for treatment and ultimately all except 5, who were still under treatment on April 6th, 1925, were discharged and allowed to return to school. On March 3rd, 1925, a fresh number of suspicious cases were found, 51 children being excluded from Jenner Park School (Boys', Girls' and Infants); 2 cases from Cadoxton Boys' School and 3 cases from Holton Boys' School, though in the case of the last two schools about half the boys only had been examined. On March 9th, 12 of these cases had been diagnosed as probable trachoma by Mr. Cresswell. On March 17, 20 cases were seen at the School Clinic by Dr. Eicholz of the Board of Education. A number of children at the County School were also suspected. All these children had been excluded from school, their parents advised as to the proper precautions necessary, and their eyes were being energetically treated with lotion, $CuSO_4$ and $ZnSO_4$ drops by the School Clinic, while some were attending once a week at the Cardiff Royal Infirmary. The conversion of a large wooden hut at the Buttrills Camp into a suitable Special School with facilities for treating cases was well under way.

The investigation of the outbreak commenced at once on April 6th, and was carried out on the following lines:—

(*a*) An inspection of the eyes of all the School Children in the Barry district at their Schools.

(*b*) The exclusion from school of all suspicious cases.

(*c*) The treatment of these cases at a Special School and Eye Clinic.

In the event of any definite cases of Trachoma being found the home conditions of the patients would be thoroughly enquired into and the source of this alien disease traced if possible.

Between April 6th and July 10th, 1925, 6,600 children were examined, most of these children were seen in the first month, a second visit to the schools being made later to see the children who were absent at the first visit. The total number excluded from school during the whole period was 128, this number includes 61 cases excluded from school before my arrival in Barry. A temporary treatment centre was at once opened in Crossways Street, this was moved to the Buttrills Camp on April 23rd. The accommodation provided there consisted of a large wooden hut which included a Central Hall, two large classrooms, dining-room, teachers' room, as well as a waiting room and a well-equipped treatment-room. The number of suspected cases rapidly diminished so that on April 11th, when teaching commenced in the Special School, only 29 children were attending. The staff consisted of two teachers and a nurse.

Diagnosis of Trachoma.

So called Acute Trachoma probably does not occur in this country and moreover its extremely severe symptoms would not be overlooked if school children were attacked. The diagnosis of fairly well developed Chronic Trachoma is easy but the initial stages of Chronic Trachoma, however, are difficult to recognise and are liable to be confused with other types of Conjunctivitis. These early cases easily pass undetected or perhaps more commonly are wrongly diagnosed, thus causing unnecessary alarm. In this stage while subjective symptoms are slight diagnosis rests almost entirely on the presence in the conjunctiva of follicles with special importance attached to their distribution, their type, and their development. The mere presence of follicles, which are apparently produced in the adenoid layer of the conjunctiva as a reaction to any form of irritation, is common enough in school children, especially amongst the poorer classes. Where this is unaccompanied by secretion it has been termed simple follicular swelling or folliculosis; it was pointed out in 1877 by H. Cohn as a harmless school complaint. A second type may be described when, as a result of excessive irritation or infection, a catarrhal secretion accompanies this

folliculosis. The third form is follicular conjunctivitis in which, with all the signs of an inflammation of the conjunctiva, very definite follicles, i.e., bleb like rounded bodies—develop mainly in the lower fornix. It is these latter cases that are suspect in a supposed Trachoma outbreak.

Typical Trachoma follicles commence as small greyish-yellow spots the size of a pin's head in the deeper parts of the conjunctiva, there being scarcely any sign of inflammation at first. These pale spots gradually develop into rounded projecting yellowish-red granules or follicles which may disappear, or, after undergoing a central necrosis are extruded into the conjunctiva sac. In this case their previous site is marked by pitting and the ultimate result is a variable amount of scarring and contraction of the conjunctiva. The follicles which are first found in the lower fornix rapidly appear in the upper fornix where they are later most abundant and characteristic. They lie deeply in the conjunctiva, frequently confluent and often in several layers. They also occur in the bulbar conjunctiva and on the plica semilunaris.

The follicles of follicular conjuntivitis are usually less numerous, comparatively small, have a glassy transparent appearance, a well-defined outline and do not usually occur in the upper lid. They seem to be on the conjunctiva rather than in it and have no tendency to spread; they are frequently horizontally oval, arranged like a row of pearls. These follicles persist for a longer or shorter period and ultimately disappear leading to no permanent damage to the conjunctiva. They do not undergo any characteristic transformation and never lead to scarring.

In actual practice the distinction between follicular conjunctivitis and very early Chronic Trachoma may be difficult. These doubtful cases are best put on mild treatment first so as to avoid injury by too drastic applications. If it is really Trachoma no improvement occurs and the follicles continue their typical development. Unfortunately bacteriological examination of the secretion or histological sections are of no aid. I have not mentioned any of the other characteristic symptoms and signs of Trachoma as all the suspected cases in this outbreak at Barry were, if Trachoma at all, very early indeed and had not developed to that degree. It was felt to be of the utmost importance to reach a definite diagnosis as rapidly as possible in every case, not only because of the dangers of neglecting to treat a true case of Trachoma but also from the desire to remove unwarranted suspicion from children and their homes.

Types of Cases found and their Treatment.

None of the suspected children showed any symptoms beyond in some cases slight flakes of discharge in the lower fornix and dry crusts amongst the lashes. A few complained of grittiness of the eyes and of the lids sticking together in the mornings. None of them had any marked discomfort and certainly no photophobia. Not one exhibited any ptosis. The suspicion of Trachoma was based entirely on the condition of the conjunctiva. In no case was the cornea in the smallest degree involved they all had follicles developed in the conjunctiva; in some cases a few only in the lower fornix, in others abundant even in the upper fornix. In these latter cases there was a good deal of redness of the palpebral conjunctiva with slight flakes of discharge and roughening of the tarsal conjunctiva. None of these cases showed typical looking Trachoma follicles as described above. There was no sign of scarring of the conjuctiva except in those cases that had been under treatment with the $CuSO_4$ stick for the past year. In these cases the scarring was confined to the upper fornices and was due to the action of the $CuSO_4$ and not to Trachoma.

As a first step, all the 61 children who were using $CuSO_4$ and $ZnSO_4$ drops at home and who had been excluded from school before my arrival in Barry were examined. The majority had slight redness of the palpebral conjunctiva with a little irritation and with folliculosis. They were told to stop treatment for fourteen days and were again examined. The majority of them after this interval appeared much better, the conjuctiva injection in most cases being due to overtreatment. As a result, most of them were allowed to return to their schools. Those who still seemed suspicious were treated with Lot. Ac. Boric t.d.s., at home and occasional painting of the lids with $AgNO_3$ 2% at the temporary clinic. As the cases improved quickly with this simple treatment they were allowed to return to their own schools. When the Special School opened on May 11th, only 29 children were being treated or under daily observation. During the past month most of these cases have been observed without treatment, they have not been sent back to their own schools as the present term is drawing to a close. During the past week only three cases remained under definite treatment. Treatment at the Special School consisted in irrigating the eyes twice

a day with Lot. Ac. Boric, $AgNO_3$ 2% daily for a few days being applied, and later if the case still seemed persistent $CuSO_4$ stick every other day. Frequent pauses were made in any case which seemed likely to clear up so as to avoid overtreatment. For this reason every case was treated individually and routine treatment not employed.

The only definite case of Trachoma found in Barry was that of an adult, Mrs. N. P., living in the Buttrills Camp. She attended at the Clinic as her eyes which had been troublesome all her life, had been painful for the previous two months. She had narrowing of the palpebral fissure, ptsosis, scarring and contraction of the fornices, a well marked "Arlt's Streak" on both tarsi and typical trachomatous pannus. She had a small ulcer of the right cornea. She was not a native of Barry, having being born at Roath, one of a family of six. All the others she stated had normal eyes and she was unable to account for her isolated condition. She is married with one child, both the baby and her husband are free from Trachoma. As two of the children attending the Special School came from the Buttrills Camp, she was at first to be a possible scource of infection. However, I could trace no particular connection between them, and, as her conjunctiva is completely healed and free from follicles now she is probably only very slightly, if at all, a source of infection.

As a result of treatment all of the suspected children except three are now completely free from any symptoms. This is against the diagnosis of Trachoma; in such a short time one would not expect so rapid an improvement. The three exceptions G.G., C.B., and E.P., still have a very slight amount of dry discharge amongst the eyelashes at times, but are not suffering any real discomfort. The type and progress of the follicles in every case has been noted as follows: They have in most cases diminished in size and number or in a few cases have persisted quite unchanged, i.e., they have not showed any tendency to develop in the manner of typical Trachoma granules. In the three exceptional cases mentioned the follicles have remained unchanged and the conjunctiva is still rather inflamed. The diagnosis of these three cases is still doubtful, and they still require further treatment and observation. One child, G.W., turned out to be a Mild form of Spring Catarrh, the diagnosis being confirmed by the presence of a large number of eosinophil cells in the conjunctiva secretion.

Conclusions.

From the mild nature of the inflammation in most cases, the absence of symptoms, the behaviour of the follicles and the absence of any corneal involvement I have come to the conclusion that in all probability these cases are varying grades of folliculosis and not true Trachoma. Three children only remain under suspicion. These three children should still be excluded from school. As regards the other children I would recommend allowing them to remain at the Special School for the next fourteen days, i.e., to the end of term. They might then disperse for the Summer Holidays. Before rejoining their own schools after the holidays I think it would be wise to examine their eyes again and to compare their condition then with that described in their Clinical Notes when last seen by me. Any cases showing a tendency to relapse could then be dealt with. On rejoining their schools I think no special precautions need be taken except to provide them with their own towel, soap and wash-basin. It would be interesting and to the advantage of these children if they could be examined occasionally during the next year or two.

Yours obediently,

H. M. Armstrong, M.B., Ch.M.,
D.O.M.S.

Barry Education Authority.

October, 1925.

REPORT ON DEFECTIVE CHILDREN.

(In accordance with Circular 1349 (Board of Education) by

Dr. E. I. Davies.

In accordance with instructions of the Education Committee (Minute 36, June 5th) I herewith beg to report on my survey of defective children as outlined in the above circular. In this report I have followed the order as mentioned in the Board's Circular, viz.:—

(*a*) Blind and Deaf Children.
(*b*) Physically defective children.
(*c*) Mentally defective children.
(*d*) Delicate and pre-tubercular children.

The first group is a comparatively small one and as far as this Authority is concerned provision for these children is already made and has been for a very considerable period. The total number of children in the group coming within the definition of blind or deaf children as defined in Part V. of the Education Act, 1921, was five. Of these two were blind within the meaning of the Act, and are at present being educated at the Royal School of Industry for the Blind, Westbury-on-Trym, Bristol. The expression "blind" means too blind to be able to read the ordinary school books used by children. The remaining three children were deaf (two of these being deaf mutes, the other being deaf). They are at present being educated in the Deaf and Dumb Institute, Swansea, the Cardiff Special School for the Deaf and Dumb, and the Kingsdown Deaf and Dumb Institute, Bristol, respectively. The expression "deaf" means too deaf to be taught in a class of hearing children in an elementary school. The maintenance of these children is borne by the Education Committee, the parents contributing according to their financial circumstances. There is one child, age 7 years, which was included in last year's returns as suitable for training in a school or class for the partially blind. This child was suffering from congenital cataract of both eyes, but was not totally blind. She has recently been operated on at the Cardiff Royal Infirmary and very strong glasses are now being worn. She is at present attending the infants' department of one of the schools and is making satisfactory progress.

Group B—Physically Defective Children.

The physically defective child is a large and complicated group. My survey of children in this class of defective child is shown in Table I. of this report. The total number of children falling into this category is seventy-eight. I have classified them under ten different headings. The type of crippling varies from mild types of deformities, such as flat feet and claw-foot to the very severe types of paralysis and crippling the result of disease. The diagnosis has been confirmed in the majority of cases by an expert orthopaedic surgeon. It is a significant fact that the highest percentage of crippling is the result of Acute Anterior Poliomyelitis (Infantile Paralysis), viz.:—21.8%, the total number of cases of this form of defect was seventeen. Acute Anterior Poliomyelitis is a notifiable disease since 1912, yet the number of cases of this disease notified under the Infectious Diseases Notification Act, 1889, falls far short of the number of cripples the result of this disease seen in the School Clinics and Maternity and Child Welfare Centres. Surgical tuberculosis, that is, tuberculosis of the bones and joints accounted for 10.3 per cent. of the crippling disability. This is probably much below the average in most districts. With regard to Rickets, in this survey only those cases requiring surgical treatment or appliances are accounted for. The total number of cases was four, forming 5.1 per cent. of the total crippling, this figure is again probably much below the average in this country for crippling, the result of Rickets. Broadly speaking the questions of diet and food values, the part played by sunlight and fresh air, regular exercise, and sufficient ventilation of the homes are factors in the causation of both Rickets and Tuberculosis. Hence it is a very gratifying fact that crippling of School Children in Barry the result of both Tuberculosis and Rickets is below the average of many other districts. The scheme for orthopaedic treatment of school children under this Authority is practically complete. A complete orthopaedic scheme includes the following methods of dealing with the crippled child—

(1) Orthopaedic Hospital and Clinic.
(2) Remedial Exercises Clinic.
(3) Physically Defective or Cripple School.

The scheme for orthopaedic treatment of school children under this Authority (which also applies to children within the first five years of life through the Maternity and Child Welfare Centres) is as follows. All cases of crippling brought to the notice of the School Medical Officer in various ways, are referred after examination by him, to the Prince of Wales' Orthopaedic Hospital, Cardiff, for advice and treatment such as the Orthopaedic Surgeon considers necessary. Operative measures and surgical appliances being obtained at the hospital. This is the first method as mentioned above in the scheme. The cost of the hospital treatment and appliances being paid in the vast number of cases by the Neale Trust, a Voluntary Trust formed to apply certain monies bequeathed by the late Dr. George Neale, J.P. (a former M.O.H. of Barry), for the benefit of the poor children of the Urban District of Barry. A few cases whose parents are able to afford this expensive treatment pay direct to the Hospital. Cases after treatment at the hospital report at the ordinary school clinic, in the meantime instructions are received by the School Medical Officer from the Orthopaedic Surgeon with regard to the case. These cases reporting periodically at the Out-Patients Department of the Hospital. Cases requiring remedial exercises, massage or electrical treatment are now referred to the second means of the scheme, viz—the Remedial Exercises Clinic. This part of the scheme is carried out at the Massage and Electrical Department of the Council's Surgical Hospital where there is a fully qualified Masseuse. The final part of the scheme, the cripple or physically defective school is not yet completed but a physically defective school to accommodate eighty children has been sanctioned by the Board of Education, and is, I understand, shortly to be erected. This school is being built on open-air lines and will probably admit certain of the physically defective who have not benefited sufficiently by methods (1) and (2) of the scheme to enable them to attend the ordinary school and also certain children under group (d) of this report.

SURVEY ON PHYSICALLY DEFECTIVE CHILDREN OF BARRY.

TABLE I.

Crippling due to	Attending Public Elementary Schools		At Institutions.		Attending no School.		Totals.		Percentage of Total	Percentage of School population
	B.	G.	B.	G.	B.	G.	B.	G.		
Tuberculosis (surgical) ...	5	1	1	1	—	—	6	2	10.3	0.1
Poliomyelitis (infantile paralysis)	10	5	—	—	2	—	12	5	21.8	0.25
Congenital Deformities	4	5	—	—	2	2	6	7	16.7	0.19
Rickets ...	1	1	—	—	2	—	3	1	5.1	0.05
Traumatism (injuries) ...	2	—	—	—	—	—	2	—	2.6	0.02
Other Deformities (postural or doubtful causation)	9	5	—	—	—	—	9	5	17.9	0.20
Birth Injuries & Diseases	—	2	—	—	—	—	—	2	2.6	0.02
Severe Heart Disease ...	4	2	—	1	—	2	4	5	11.5	0.13
Infectious Arthritis (otherwise than T.B.) ...	4	3	—	—	—	—	4	3	9.0	0.10
Other Diseases	1	—	—	—	—	1	1	1	2.6	0.02
Totals	40	24	1	2	6	5	47	31	100.	1.13

Number on Registers .... 6,902.

Group C.—The Mentatly Defective Child.—This group is the most difficult and complicated group of the report. The problem of the Mentally Abnormal Child bristles with difficulties. In the first place there is no short cut to the diagnosis of mental defect, although the so-called Intelligence Tests are looked upon by some as a kind of easily applied ready-reckoner. The principal tests for the diagnosis and measurement of mental deficiency are three in number—

(1) Educational Tests as given by the School Teacher.

(2) Intelligence Tests such as the Binet-Simon Tests.

(3) Social Tests, viz.—the behaviour and response of the child to its environment, its social and industrial capacity.

My experience of these tests is that the Educational and Intelligence tests have been far overrated so that the social characteristics of the child have been neglected. As a result the percentage of children classified as Mentally Defective is exaggerated generally. A large number of children who according to the Educational and Intelligence tests would be classified as feeble-minded are merely dull and backward. The second difficulty in dealing with the Mentally Abnormal child is that one must not overlook the fact that the parents of the child have to be persuaded that the child is sufficiently abnormal to be certified for the Special School. Of course it is argued that the Authority can force the child to the Special School when once it is certified, my own opinion is that the Authority can do very little should a defiant parent object to his child attending such a school. Fortunately I find far less difficulty in this respect than when I commenced examining children for the Special School some 5 years ago. The stigma attached to the school was very marked, as far as the general public was concerned it was "The Silly School." However, I am pleased to note that the great aversion to the school has now practically ceased and in fact recently I have had application from mothers to let their children attend the Special School in preference to the ordinary school. This is especially so since the school has been transferred to the new temporary premises at the Buttrills Estate. In the survey I have followed the classification of the Chief School Medical Officer of the Board of Education as regards the Mental Capacity of the School Child. This falls into five groups—

(1) The child that is Mentally Normal.
(2) The dull and backward child.
(3) The feeble-minded child.
(4) The Imbecile.
(5) The Idiot.

The main difficulty is the diagnosis of the Feeble-Minded child from the Dull and Backward Child, especially in border-line cases. In these cases, when there is no evidence of Anti-Social defect, I have given the child the benefit of the doubt and classed the case under Group 2. In accordance with the Board's Circular 1359. Para. (4) in all cases a report was requested from the Head Teacher on Form 41(D). In all 33 cases were referred for examination, the details of which are shown in the first groups of Table 2. At the time of examination there were only eight cases attending the Special School. This was due to the fact that the school premises at the time were considered most unsuitable and great difficulty was encountered in persuading parents to allow their children to attend. Of the 33 cases examined, 15 were certified as Feeble-Minded within the meaning of the Education Act, 1921, Part V, (Para. 55), viz.—the child not being imbecile, and not being merely dull and backward is defective, that is to say the child by reason of mental defect is incapable of receiving proper benefit from the instruction in the ordinary public elementary school, but is not incapable by reason of that defect of receiving benefit from instruction in a Special School for defective children. The accommodation at the Special School at the time of my survey was 20, so that 12 of the 15 were certified and subsequently admitted to this school, leaving 3 children as certified and attending the ordinary elementary school. Since this survey was undertaken the school has removed to the new temporary premises at the Buttrills where there is ample accommodation and the remaining 3 children certified will be transferred to this school. Of the remaining 18 children examined, 3 were classified as dull and backward, seven were referred for re-examination, six as fit to attend the ordinary elementary school, one as notifiable to the Local Control Authority under the Mental Deficiency Act, 1913, subject to the consent of the Board of Education, and one as suitable for a School for Physically Defective Children. In the Table 2 I have also included for sake of completeness the number of cases of Imbeciles and Idiots either at home or institutions amongst children of school age. I might add that the present school premises are only temporary pending the erection of the new school for Mentally Defective Children which I understand is shortly to be built.

The figures in this table are considerably below the Index Figure given by the Board of Education. The so-called Index Figure is the estimated number of exceptional children per thousand school population of any given defect. This figure being arrived at from the average of a large number of authorities' returns of exceptional children as explained in The Report of the Board's Chief Medical Officer, 1923. The Index Figure for Mentally Defective Children is 8.6 therefore the estimated number of Mentally Defective Children for this Authority is 52 based on the average attendance for 1923. The Index Figure naturally is not scientifically accurate as applied to a given area for as explained in the first part of this report the methods of estimating Mental Defect are far from those of an exact science. The difference between the figures for this Authority's Mentally Defective Children and those of the Board are probably accounted for by the following reasons. In the first place it is a well established fact that the proportion of feeble-minded to

the general population varies widely in different areas. Secondly in many of the schools special classes for the sub-normal child have been established, thus reducing the number of cases notified by Head Teachers as suitable for examination by the School Medical Officer for the Special School. The educational standard of Barry is of a very high order; and a great deal of individual attention is given in the ordinary school to the mentally abnormal child, as a result of which the percentage of marked mental retardation is probably considerably lower than the average in other areas. Lastly as the total number of cases referred for examination by the Head Teachers was only 33, with 8 cases already in the Special School, it is obviously impossible for the Certifying Officer to find 52 children in order to satisfy the Board's Index Figure. In conclusion it is my opinion that to the extended provision of Backward Classes that we must look for a solution of the subnormal child, rather than certifying a border-line case with its accompanying stigma for life, in order to bring one's numbers up to a statistical Index Figure.

SURVEY OF MENTALLY DEFECTIVES AMONG BARRY SCHOOL CHILDREN.

TABLE II.

	Boys.	Girls.	Totals.
FEEBLE-MINDED.			
Cases referred for examination	20	13	33
Children attending Special School prior to Survey ...	3	5	8
Children Certified and subsequently admitted to Special School	8	4	12
Accommodation at Special School	—	—	20
Children certified Feeble-minded, but attending Public Elementary school	2	1	3
Classified as Dull and Backward	1	2	3
Referred for re-examination	5	2	7
Classified as fit for Public Elementary School	3	3	6
Notifiable to Local Control Authority	—	1	1
Suitable for School for Physically Defectives	1	—	1
IMBECILES. In Institutions	1	—	1
At Home...	2	1	3
IDIOTS. In Institutions	1	1	2
At Home	—	1	1

GROUP D. DELICATE AND PRE-TUBERCULAR CHILDREN. This group includes the delicate and pre-tubercular child. The type of child coming within this category is in accordance with the classification mentioned in Sir George Newman's report for 1923. This includes the following classes of children:—

(1) Children suffering from Malnutrition, Rickets, Anaemia.

(2) Delicate children living in the same house as a notified Consumptive.

(3) Children with Tuberculous glands in the Neck.

(4) Children convalescent after debilitating diseases, such as pneumonia, measles, whooping cough, etc.

(5) Children convalescent after operation for Adenoids, Glands in Neck, etc.

(6) Children suffering from Blepharitis and other chronic non-infectious diseases associated with Malnutrition.

(7) Certain types of crippled children.

(8) Nervous and highly-strung children.

(9) Myopic children requiring special educational provision.

(N.B.—Rheumatic children, including those suffering from Chorea do not as a rule do well at an open-air school).

In my recent survey I found 75 children suitable for classification in one or other of the above types of delicate children. Of course this figure is not of great significance as the numbers will certainly be subject to considerable fluctuations from time to time. This authority has not established an open-air school. However, I take it that a certain number of these children will be suitable for attending the new physically defective school, which is shortly to be erected on open-air lines. The need for an open-air school for delicate children only, is not such an urgent question in Barry as in many other districts. The ordinary schools of this town are extraordinarily well built and ventilated, the lighting, heating, equipment, and sanitation of high standard. Fresh air and sunlight is only one factor in restoring the delicate child to normal health. Wholesome food, rest, baths, and continuous medical supervision are equally important factors to restore the delicate child. These requirements can only be carried out properly in a Special School for delicate children. The new open-air School for physically defective children will certainly cater for a proportion of the delicate children falling into the classification outlined at the commencement of this part of the report.